

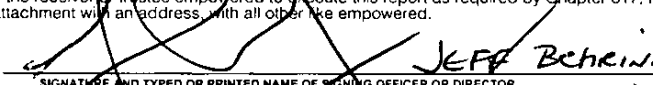


**2007 ~~NOT~~ FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 18, 2007 8:00 am**  
**Secretary of State**

05-18-2007 90025 035 \*\*\*150.00

<b>DOCUMENT # 711888</b> 1. Entity Name <b>TAMARAC ENTERPRISES, INC.</b>					
Principal Place of Business <del>C/O ELLIOT STEIN, CPA</del> <del>2131 HOLLYWOOD BLVD STE 505</del> <del>HOLLYWOOD, FL 33020</del> <b>C/O Jeff Behring</b>			Mailing Address <del>C/O ELLIOT STEIN, CPA</del> <del>2131 HOLLYWOOD BLVD STE 505</del> <del>HOLLYWOOD, FL 33020</del> <b>C/O Jeff Behring</b>		
2. Principal Place of Business - No P.O. Box # <b>3820 Blackhawk Rd</b> Suite, Apt. #, etc.		3. Mailing Address <b>3820 Blackhawk Rd</b> Suite, Apt. #, etc.			
City & State <b>Danville CA</b>		City & State <b>Danville, CA</b>			
Zip <b>94506</b> Country <b>USA</b>		Zip <b>94506</b> Country <b>USA</b>			
4. FEI Number <b>59-1234012</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>STEIN, ELLIOT D</b> <b>2131 HOLLYWOOD BLVD</b> <b>SUITE 505</b> <b>HOLLYWOOD, FL 33020</b>			7. Name and Address of New Registered Agent Name <b>Sherry Kalinoski</b> Street Address (P.O. Box Number is Not Acceptable) <b>2131 Hollywood Blvd ste 505</b> City <b>Hollywood</b> FL <b>33020</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is <del>\$61.25</del> \$150.00</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORSE, WILLIAM A 2131 HOLLYWOOD BLVD #505 HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kenneth E. Behring 2131 Hollywood Blvd # 505 Hollywood, FL 33020	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STEIN, ELLIOT D 2131 HOLLYWOOD BLVD #505 HOLLYWOOD, FL 33020	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jeff Behring 2131 Hollywood Blvd # 505 Hollywood, FL 33020	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KALINOSKI, SHERRY 2131 HOLLYWOOD BLVD 505 HOLLYWOOD, FL 33020	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b>  <b>Jeff Behring</b> <b>4-20-07</b> <b>(954) 648-3829</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					