2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#731162

THE TAMADINID INC

FILED Apr 29, 2008 Secretary of State

Entity Name: THE TAMARIND, INC. **Current Principal Place of Business: New Principal Place of Business:** 6665 N. OCEAN BLVD OCEAN RIDGE, FL 33435 **Current Mailing Address: New Mailing Address:** 6665 N. OCEAN BLVD 6665 N. OCEAN BLVD OCEAN RIDGE, FL 334353329 US OCEAN RIDGE, FL 33435 FEI Number: 59-1558803 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BECKER & POLIAKOFF, P.A. 625 NORTH FLAGLER DRIVE - 7TH FLOOR WEST PALM BEACH, FL 33401 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WHEELER, GRANT Name: Name: 6665 N OCEAN BLVD Address: Address: City-St-Zip: OCEAN RIDGE, FL 33435 City-St-Zip: Title: Title: () Change () Addition () Delete Name: SMITH, LOU Name: Address: 6665 N OCEAN BLVD Address: City-St-Zip: OCEAN RIDGE, FL 33435 City-St-Zip: Title: () Delete Title: () Change () Addition BENISCH, JOHN Name: Name: 6665 N OCEAN BLVD Address: Address: City-St-Zip: OCEAN RIDGE, FL 33435 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: CLARK, JAMES, Name: GUSTAFSON, ERIK 6665 N OCEAN BLVD 6665 N OCEAN BLVD Address: Address: City-St-Zip: OCEAN RIDGE, FL City-St-Zip: OCEAN RIDGE, FL 33435 Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ERIK J SMITH MGR 04/29/2008

DOVOVAN, LARRY

6665 N. OCEAN BLVD.

OCEAN RIDGE, FL 33435

Name:

Address:

City-St-Zip: