

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004618

Entity Name: TIGER TELEMATICS, INC.

FILED
Sep 01, 2006
Secretary of State

Current Principal Place of Business:

10201 CENTURION PARKWAY NORTH
SUITE 600
JACKSONVILLE, FL 32256

New Principal Place of Business:

550 WATER STREET
SUITE 937
JACKSONVILLE, FL 32202

Current Mailing Address:

10201 CENTURION PARKWAY NORTH
SUITE 600
JACKSONVILLE, FL 32256

New Mailing Address:

550 WATER STREET
SUITE 937
JACKSONVILLE, FL 32202

FEI Number: 13-4051160

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARRENDER, MICHAEL W
10201 CENTURION PARKWAY NORTH
SUITE 600
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

CARRENDER, MICHAEL W
550 WATER STREET
SUITE 937
JACKSONVILLE, FL 32202 US

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:

09/01/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: CARRENDER, MICHAEL W
Address: 10201 CENTURION PARKWAY NORTH #600
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: CARROLL, STEVE
Address: 10201 CENTURION PARKWAY NORTH #600
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: FREER, CARL
Address: 10201 CENTURION PARKWAY NORTH #600
City-St-Zip: JACKSONVILLE, FL 32256

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: CARRENDER, MICHAEL W
Address: 550 WATER STREET, SUITE 937
City-St-Zip: JACKSONVILLE, FL 32202

Title: D (X) Change () Addition
Name: CARROLL, STEVE
Address: 550 WATER STREET, SUITE 937
City-St-Zip: JACKSONVILLE, FL 32202

Title: D (X) Change () Addition
Name: STAHL, CHARLES
Address: 550 WATER STREET, SUITE 937
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Change (X) Addition
Name: MORRISON, JAMES
Address: 550 WATER STREET, SUITE 937
City-St-Zip: JACKSONVILLE, FL 32202

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL W. CARRENDER

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09/01/2006

Electronic Signature of Signing Officer or Director

Date