

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000002390

Entity Name: TAMMAC FINANCIAL CORP.

FILED
Jan 12, 2007
Secretary of State

Current Principal Place of Business:

100 COMMERCE BLVD.
WILKES-BARRE, PA 18702

New Principal Place of Business:

Current Mailing Address:

100 COMMERCE BLVD.
WILKES-BARRE, PA 18702

New Mailing Address:

FEI Number: 23-2345872

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CT () Delete
Name: TAMBUR, ROBERT L
Address: 1140 ROUTE 315
City-St-Zip: WILKES-BARRE, PA 18711

Title: DP () Delete
Name: ROOSA, ANDY G
Address: 12995 S. CLEVELAND AVE, SUITE 256
City-St-Zip: FORT MYERS, FL 33907

Title: DS () Delete
Name: ROMANOWSKI, EDWARD S
Address: 1140 ROUTE 315
City-St-Zip: WILKES-BARRE, PA 18711

Title: V () Delete
Name: LEVANDOSKI, EDMUND P
Address: 100 COMMERCE BLVD.
City-St-Zip: WILKES-BARRE, PA 18702

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANDY G. ROOSA

DP

01/12/2007

Electronic Signature of Signing Officer or Director

_____ Date