## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# G59332

Address:

2800 ST. MARC CT.

City-St-Zip: PONTE VEDRA BCH, FL 32082

FILED Apr 29, 2009 Secretary of State

Entity Na	me: TAPPINI	BOOK MINE, INC.		
Current P	rincipal Place	e of Business:	New Principal Place of Business:	
	NTIC BLVD. BEACH, FL	32233		
Current N	lailing Addres	ss:	New Mailing Address:	
	NTIC BLVD. BEACH, FL	32233		
FEI Number	: 59-2336049	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of (	Current Registered Agent:	Name and Address	of New Registered Agent:
2800 ST M	DOUGLAS C MARC CT EDRA BCH., F	L 32082 US		
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
SIGNATUI	RE:			
	Electro	nic Signature of Registered Ag	ent	Date
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PRIDGEN, DOI 434 MAKO DR	) Delete NALD O MR ACH, FL 32233	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	ANTICO, JANIC	CREEK LANE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D ( ANTICO, DAVII 1465 HOPKINS NEPTUNE BEA	S CREEK LN.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	TAPPIN, FRAN 22 MARSH DR	) Delete K C E BEACH, FL 32250	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name:	DP ( TAPPIN, DOUG	) Delete BLAS C	Title: DP Name: TAPPIN, DO	(X) Change()Addition DUGLAS C

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

820 SECOND ST. N APT 2

City-St-Zip: JACKSONVILLE BEACH, FL 32250

SIGNATURE: DOUGLAS C. TAPPIN **PRES** 04/29/2009