


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004 8:00 am
Secretary of State

07-22-2004 90003 046 ***550.00

DOCUMENT # G66829	
1. Entity Name TAMNOR CORPORATION	

Principal Place of Business SCHWARTZ, ALVIN 60 EAST 42ND ST, 53RD FLOOR NEW YORK, NY 10165 US	Mailing Address SCHWARTZ, ALVIN 60 EAST 42ND ST, 53RD FLOOR NEW YORK, NY 10165 US
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54064305



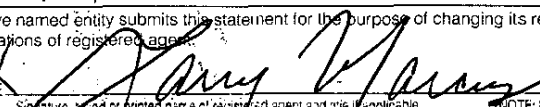
2. Principal Place of Business % Thomas Schwartz Suite, Apt. #, etc. 60 E. 42nd Street, 53rd Fl City & State New York, NY Zip 10165	3. Mailing Address % Thomas Schwartz Suite, Apt. #, etc. 60 E. 42nd Street, 53rd Fl City & State New York, NY Zip 10165
Country USA	Country USA

07022004 Chg-P CR2E034 (10/03)

4. FEI Number 58-1573933	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MARCUS, LARRY 1515 N FEDERAL HWY SUITE 300 BOCA RATON, FL 33432	7. Name and Address of New Registered Agent Name Larry J. Marcus Street Address (P.O. Box Number is Not Acceptable) 21301 Powerline Road, Suite #312 City Boca Raton FL Zip Code 33433
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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  DATE _____

Signature, word or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCUS, LARRY J 1515 N FEDERAL HWY STE 300 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marcus, Larry J. 21301 Powerline Road, Suite #312 Boca Raton, FL 33433 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHWARTZ, ALVIN 60 E 42 ST 53 FL NEW YORK, NY 10165 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRISTINI, PAULA 1165 46TH STREET BROOKLYN, FL 11219 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHWARTZ, THOMAS 60 E 42 ST 43 FL NEW YORK, NY 10165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	P Thomas Schwartz 60 East 42nd Street, 53rd Floor New York, NY 10165 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Thomas Schwartz 60 East 42nd Street, 53rd Floor New York, NY 10165 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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.

SIGNATURE:  **7/19/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. DAYTIME PHONE #