## 2006 FOR PROFIT CORPORATION

## **FILED** Mar 24, 2006 08:00 AM

ANNUAL REPORT				Sacratary of State		
DOCUMENT # K81373  1. Entity Name JOHN TANIS ENTERPRISES, INC.				Secretary of State		
Principal Glad	no of Pusings			1		
% JOHN TANIS 757 SW HIDDEN RIVER DR		Mailing Address % NOHN TANIS 757 SW HIDDEN RIVER DR PALM CITY, FL 34990				
C	OO NOT WRITE II		CE	03212006 No Chg-P CR2E034 (11/05)  4. FEI Number		
8. Name and Address of Current Registered Agent						
TANIS, JOHN 757 SW HIDDEN RIVER DR PALM CITY, FL 34990			DO NOT WRITE IN THIS SPACE			
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  Signature, typed or printed registered agent and the if applicable.  (PATE: Registered Agent agenture depositive required when remistalling)  DATE						
FILE NOWIN FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Fina Trust Fund Contribution.			ncing\$5.	.00 May Be ed to Fees		
10.	OFFICERS AND DIRE	CTORS				
Title Name Street address City-St-Zip	PSD TANIS, JOHN 757 SW HIDDEN DR PALM CITY, FL				U00000479976 U4/10/06-30024-023 150,00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					3.7 TO 30 BUDEN DED 100.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 eddress, with all other like empowered.

SIGNATURE:

SIGNATUR

BILE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR