

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90045 003 \*\*\*150.00

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01102005 Chg-P CR2E034 (10/03)

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| <b>DOCUMENT # L32830</b><br>1. Entity Name<br><b>TAMARIND INVESTMENTS, INC.</b>   |  |   |   |  |  |
| Principal Place of Business<br><b>950 CELEBRATION BLVD.<br/>STE. A<br/>CELEBRATION, FL 34747</b>  |  |   | Mailing Address<br><b>950 CELEBRATION BLVD.<br/>STE. A<br/>CELEBRATION, FL 34747</b>                                |  |  |
| 2. Principal Place of Business<br><b>7503 ATLANTIS WAY</b><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><b>7503 ATLANTIS WAY</b><br>Suite, Apt. #, etc. |   |  |  |
| City & State<br><b>KISSIMMEE, FL</b>  |  | City & State<br><b>KISSIMMEE, FL 34747</b>                            |   | 4. FEI Number<br><b>65-0168377</b>   |  |
| Zip<br><b>34747</b>   |  | Country<br><b>OSCEOLA</b>   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                      |  |
| 6. Name and Address of Current Registered Agent<br><br><b>DYMOND, WILLIAM T ESQ<br/>215 NORTH EOLA DRIVE<br/>ORLANDO, FL 32801</b>  |  |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>P DAHRUJ, JOSEPH JR<br/>7503 ATLANTIS WAY<br/>CELEBRATION, FL 34747</b> <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
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| 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. |  |   |   |  |  |
| <b>SIGNATURE:</b> _____ Date _____ Daytime Phone # _____  |  |   |   |  |  |