

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90036 026 ***150.00

DOCUMENT # M75990 1. Entity Name TELLURIDE INVESTMENTS, INC.					
Principal Place of Business 31622 US 19 N PALM HARBOR, FL 34684 US			Mailing Address 31622 US 19 N PALM HARBOR, FL 34684 US		
2. Principal Place of Business 2552 HIGHLAND AVE N. Suite, Apt. #, etc.		3. Mailing Address 2552 HIGHLAND AVE N. Suite, Apt. #, etc.			
City & State TARPON SPRINGS FL.		City & State TARPON SPRINGS FL.		4. FEI Number 59-2930115	
Zip 34688		Country U.S.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEAHON, LAWRENCE P. 31622 US 19 N PALM HARBOR, FL 34684			7. Name and Address of New Registered Agent Name LEAHON, LAWRENCE P. Street Address (P.O. Box Number is Not Acceptable) 2552 HIGHLAND AVE. N. City TARPON SPRINGS FL Zip Code 34688		
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: <u><i>Lawrence P. Leahon</i></u> / LAWRENCE P. LEAHON DATE 1/17/06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LEAHON, LAWRENCE P. 31622 US 19 N PALM HARBOR, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 2552 HIGHLAND AVE N. TARPON SPRINGS, FL 34688	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing 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 address, with all other like empowered.					
SIGNATURE: <u><i>Lawrence P. Leahon</i></u> / LAWRENCE P. LEAHON 727-9376286 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					