


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90116 042 ****61.25

DOCUMENT # N01000006522	
1. Entity Name TIRAT CARU CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 552 N. OCEAN BLVD. POMPANO BEACH, FL 33062	Mailing Address 552 N. OCEAN BLVD. POMPANO BEACH, FL 33062
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50014483



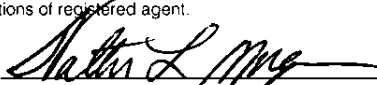
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03272006 Chg-NP CR2E037 (11/05)

4. FEI Number 04-3659161		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		7. Name and Address of New Registered Agent	
MORGAN, WALTER L 315 NE 3RD AVE., STE. 200 FT. LAUDERDALE, FL 33301		Name Street Address (P.O. Box Number is Not Acceptable) 633 S. Federal Highway Suite 400A City Fort Lauderdale FL Zip Code 33301	

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.

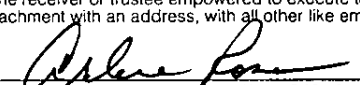
SIGNATURE  Walter L. Morgan 4/18/06

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

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SLOTA, SCOTT			NAME			
STREET ADDRESS	552 N. OCEAN BLVD. #2			STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH, FL 33062			CITY-ST-ZIP			
TITLE	PTD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSEN, CHUCK			NAME			
STREET ADDRESS	552 N OCEAN BLVD #1			STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL, FL 33062			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSEN, ARLENE			NAME			
STREET ADDRESS	552 N OCEAN BLVD #1			STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH, FL 33062			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 617, 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:  **ArLENE ROSEN** 4/17/06 954-427-9800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

Morgan, Olsen & Olsen, LLP ATTORNEYS AT LAW

Walter L. Morgan
Gregory G. Olsen
Mark C. Olsen
Brian D. Gottlieb

50014483
#NO1000006522

633 S. Federal Highway, #400A
Fort Lauderdale, Florida 33301
(954) 524-3111
Fax (954) 463-3570

Please respond to: Walter L. Morgan
E-Mail: wmorgan@morganolsen.com

April 18, 2006

Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: TIRAT CARU CONDOMINIUM ASSOCIATION, INC.

Gentlemen:

Enclosed please find the Annual Report for the year 2006, in connection with the referenced corporation, together with a company check in the amount of \$61.25 representing the timely filing fee.

Thank you for your assistance.

Very truly yours,

Paula Haiko
PAULA HAIKO
Legal Assistant

Enclosure