2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008322

CONRAD, ROBERT

MONTGOMERY, AL 36117

2409 LENOX CT

Name:

Address:

City-St-Zip:

FILED Jan 11, 2005 Secretary of State

Entity Nar	me: TAC MIS	SILEERS CORPORATION				
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
3133 RAVI MIDDLEBU	NES RD JRG, FL 3206	8				
Current Mailing Address:			New Maili	New Mailing Address:		
3133 RAVI MIDDLEBU	NES RD JRG, FL 3206	8				
FEI Number:	: 02-0533052	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Na				Name and Address of New Registered Agent:		
PERKINS, 3133 RAVI MIDDLEBL		8 US				
	named entity : e of Florida.	submits this statement for the p	urpose of changing it	s registere	ed office or registered agent, or both,	
SIGNATUR	RE:					
	Electror	nic Signature of Registered Age	nt	Date		
OFFICERS	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () PERKINS, JOE 3133 RAVINES MIDDLEBURG,	RD	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () ESPOSITO, JU 130 BALSAM L LEVITTOWN, N	N	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () BUTLER, MAX 1220 SMITH RI MT VERNON, II		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	D ()) Delete	Title:	D	(X) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

EMERSON, LARRY

114 SUNFLOWER DR.

WICHITA, KS 67217

SIGNATURE: JOE PERKINS 01/11/2005 E/D