2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Jan 16, 2007 8:00 am **Secretary of State DOCUMENT # N30298** 01-16-2007 90199 037 ****70.00 HALLS OF TARA, INC. Principal Place of Business Mailing Address % C. EDW. MEEHAN UUUV~~-22 CAYUGA ROAD FORT LAUDERDALE, FL 33308 22 CAYUGA RD. FORT LAUDERDALE, FL 33308 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102007 Chg-NP CR2E037 (12/06) Applied For 4. FEI Number 65-0114100 City & State City & State Not Applicable Zip Country \$8,75 Additional Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MEEHAN, C. EDWARD Street Address (P.O. Box Number is Not Acceptable) 22 CAYUGA RD FT. LAUDERDALE, FL 33308 Zip Code City 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) Signature, typed or printed name of registered agent and title if applicable Make check payable to 9. Election Campaign Financing \$5.00 May Be Filing Fee Is \$61.25 Florida Department of State Trust Fund Contribution. Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition ☐ Change PΩ TITLE ☐ Delete TITLE MEEHAN, C. EDWARD NAME NAME STREET ADDRESS 22 CAYUGA RD. STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL CITY-ST-7P Delete ☐ Change ☐ Addition TITLE PURCELL, WILLIAM C. NAME NAME 633 S.ANDREWS AVE.,3FL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL CITY-ST-7P ☐ Addition ☐ Delete TITLE TITLE MEEHAN, SHERRY R. 22 CAYUGA RO MEEHAN, SHERRY R. NAME NAME STREET ADDRESS 22 CAYUGA RD. STREET ADDRESS FT LAUDERDALE, FL CITY-ST-ZIP FT. LAUDERDALE, FL CHY-ST-ZP ☐ Chance ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE Delete THILE ☐ Change Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ■ Addition TITLE

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 817, 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.

NAME

STREET ADORESS

CITY-ST-ZIP

SIGNATURE: _

NAME STREET ADDRESS

CITY+ST-ZIP

C. EOWARD MEEHAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED