

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 23, 2006
Secretary of State**

DOCUMENT# N94000000640

Entity Name: TALE TELLERS OF ST. AUGUSTINE, INC.

Current Principal Place of Business:

660 POLO COURT
ST. AUGUSTINE, FL 320867610 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1343
ST. AUGUSTINE, FL 32085

New Mailing Address:

FEI Number: 65-0488736 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'BRIEN, CAROL
660 POLO COURT
SAINT AUGUSTINE, FL 320867610 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FELL, BETTY
Address: 216 TREASURE BEACH BLVD
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VD () Delete
Name: SAPPINGTON, SHARON I
Address: 5131 SHORE DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: TD () Delete
Name: O'BRIEN, CAROL
Address: 660 POLO COURT
City-St-Zip: SAINT AUGUSTINE, FL 320867610

Title: SD () Delete
Name: BRYCE, SHIRLEY
Address: 145 CR 13 SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: CAROL O'BRIEN

TD

02/23/2006

Electronic Signature of Signing Officer or Director

Date