

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000580

FILED
Aug 14, 2006
Secretary of State

Entity Name: TALONS & TAILS, INC.

Current Principal Place of Business:

17930 N.W. 19TH ST.
PEMBROKE PINES, FL 33029

New Principal Place of Business:

459 E CR 2006
BUNNELL, FL 32110

Current Mailing Address:

17930 N.W. 19TH ST.
PEMBROKE PINES, FL 33029

New Mailing Address:

459 E CR 2006
BUNNELL, FL 32110

FEI Number: 65-0894695 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FENIMORE, LYNN
17930 N.W. 19TH ST.
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

FENIMORE, LYNN
459 E CR 2006
BUNNELL, FL 32110 US

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: _____

08/14/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CO () Delete
Name: FENIMORE, LYNN
Address: 17930 NW 19TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: T () Delete
Name: JOHNS, MIKE
Address: 3551 N STATE ROAD 7
City-St-Zip: HOLLYWOOD, FL 33021

Title: T () Delete
Name: SEVERSON, CARMEL
Address: 773 NW 103 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: SERRANO, SHANDRA
Address: 802 HALIFAX
City-St-Zip: DAYTONA BEACH, FL

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: LYNN FENIMORE

OWNE

08/14/2006

Electronic Signature of Signing Officer or Director

Date