2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2007 08:00 AM Secretary of State

ANNUAL KEPUKI				<u></u>	Apr 04, 2007 00.00	
DOCUMENT # P0000002972 1. Entity Name TESSDAN, INC.				Secretary of Sta		
Principal Place of Business 15966 SW 3 STREET PEMBROKE PINES, FL 33027 Mailing Address P.O. BOX 278365 MIRAMAR, FL 33027		·		AL FRANK ARRIK BERKA BRANA BRANA BRANA BRANG KENJA KARANG ALUTAK HERIODAK ALIDDA		
D	OO NOT WRITE I		CE	01072007 No Chg-P CR2E034 (11/05) 4. FEI Number		
6. Name and Address of Current Registered Agent BERNSTEIN, JEFFREY A 100 N. BISCAYNE BLVD. #2608 MIAMI, FL 33132					NOT WRITE THIS SPACE	
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 Signature, typed or primed name of registered agent and little if applicable. (NOTE, Registered Agent agnosture required when reinstating) OATE D. Floridon Campaign Figurering SE 00						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Final Trust Fund Contribution.		5.00 May Be doed to Fees	04/10/07-80088-012 150.00	
10. TITLE NAME STREET ADDRESS DITY-ST-ZIP	OFFICERS AND DIRI DPVS COLLART, DANIEL 849 NW 170 TERR. PEMBROKE PINES, FL 33028	ÉCTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
IDLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

12. Thereby certify that the information supplied with this filling 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 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607 or an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

Deniel Collar / Daniel Collar / Mariel Collar /

3/27/07

(954) 499-1322 Daytime Phone #