

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000066609

Entity Name: TAMIAMI BOOKS, INC.

FILED
Feb 01, 2007
Secretary of State

Current Principal Place of Business:

7338 S. TAMIAMI TRAIL
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 114
LEWISVILLE, TX 75067

New Mailing Address:

2600 FOREST LN
DALLAS, TX 75234

FEI Number: 65-1119819

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIROT, LUKE C ESQ.
112 E. STREET, STE. B
TAMPA, FL 33602 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COIL, JOHN
Address: P.O. BOX 114
City-St-Zip: LEWISVILLE, TX 75067

Title: S () Delete
Name: PATTON, LISA
Address: 4109 FLINT RIDGE DR.
City-St-Zip: DALLAS, TX 75244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COIL, JOHN
Address: 2600 FOREST LN
City-St-Zip: DALLAS, TX 75234

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN COIL

P

02/01/2007

Electronic Signature of Signing Officer or Director

Date