2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 12, 2007 08:00 A Secretary of State **DOCUMENT # P01000072448** 1. Entity Name TALLAKSEN ENTERPRISE CORP. Principal Place of Business Mailing Address 225 N SATURN AVE 225 N SATURN AVE CLEARWATER, FL 33775 CLEARWATER, FL 33775 No Chg-P 04052007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3733498 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. DO NOT WRITE 1840 SOUTHWEST 22 STREET 4TH FLOOR IN THIS SPACE MIAMI, FL 33145 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PST TITLE TALLAKSEN, SCOTT D NAME 225 N SATURN AVE STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33755 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CATY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP U00000702676 04/20/07-80106-022 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an exploress, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-7007

727-446-5004

FILED

Daytime Phone #