

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000036988

1. Entity Name
EIGHTEEN TIGERS, INC.



Principal Place of Business
287 INDIANTOWN RD #2B
JUPITER, FL 33477-0008

Mailing Address
842 ROYAL PALM BEACH BLVD
ROYAL PALM BEACH, FL 33411

2. Principal Place of Business

3. Mailing Address

287 E INDIANTOWN RD #2B

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07102006 Chg-P CR2E034 (11/05)

City & State

City & State
JUPITER, FL

4. FEI Number
37-1426233

Applied For
Not Applicable

Zip

Zip

33477

Country
USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOYD, JAMES
6766 WINDPOINT WAY
LAKE WORTH, FL 33467

7. Name and Address of New Registered Agent
Name: COQUIN, VANIDA

Street Address (P.O. Box Number is Not Acceptable)

287 E. INDIANTOWN RD #2B

City: JUPITER

FL Zip Code: 33477

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 printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE: 7-10-06

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PSTD
NAME: COQUIN, VANIDA
STREET ADDRESS: 842 ROYAL PALM BEACH BLVD
CITY-ST-ZIP: ROYAL PALM BEACH, FL 33411

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

287 E. INDIANTOWN RD #2B
JUPITER, FL 33477

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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Change Addition

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Change Addition

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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

VANIDA COQUIN

7-10-06

**FILED
Jul 14, 2006 8:00 am
Secretary of State**

07-14-2006 90020 015 ***150.00