2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000044303 1. Entity Name N.M. TESLA, INC.					Secretary of State		
3220 1ST S	e of Businėss TREET NORTH URG, FL 33704	32	ing Address 20 1ST STREET NORTH PETERSBURG, FL 33704	-			
	**	• · · · · · · · · · · · · · · · · · · ·			115011441 111 50118 11811 44	IN BELL MENT SERVE MENT STATES IN SERVE SOLVEN IN SERVE	
DO NOT WRITE IN THIS SPAC				CE	01182006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For Not Applied For Not Applicable 5. Certificate of Status Desired □ \$8.75 Additional Fee Regulated		
6. Name and Address of Current Registered Agent							
IVANOV, DOBRISLAV 3220 1ST STREET NORTH ST PETERSBURG, FL 33704			DO NOT WRITE IN 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 printed name of registered agent and title II applicable. (NOTE Registered Agent signature required when reinstaling) OATE							
FILE NOWIN FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be							
After M	ay 1, 2006 Fee will b	e \$550.00	Trust Fund Contribution.		ed to Fees		
10.		ERS AND DIRECT	ORS			***	
THRE	PD			i			
NAME STREET ACCRESS	IVANOV, DOBRISLAV 3220 1ST STREET NOI	RTH]			
CITY-ST-ZIP	ST PETERSBURG, FL	į.	•	į			
TITLE	STD	. ## ·		1	115	กักกักกั <i>น</i> กับกรร	
NAME	IVANOV, GORAN	- -		ł	82/83	0000401033 2/06-80028-017 15 0 .00	
STREET ADDRESS CITY-ST-ZIP	3220 1ST STREET NOI ST PETERSBURG, FL		· · · · ·	ŧ			
INTLE	, o,, Elenbooko, FE	1		i			
NAME		;		1	•		
STREET ADDRESS				1	DO NO	T WRITE	
CITY-ST-ZIP				Ī		-	
TITLE NAME		}		l	IN THIS	SPACE	
STREET ADDRESS				•			
CITY-ST-ZIP				ļ			
TITLE		•		}			
NAME STREET ADDRESS		3		Ì			
CITY-ST-ZIP				1			
TITLE		<u> </u>		l			
NAME GYOCCT ADDRESS		i		ì			
STREET ADDRESS CITY-SY-ZIP		ĺ	•	l			
 _	certify that the information sur	oplied with this filin	a does not availfy for the exe	motions contained	in Chapter 119 Florida St	alutes. I further certify that the information	
12. I hereby 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 of 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 compression or the receiver or truslee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name eppears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							