## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 16, 2006 08:00 AM

				. Secretary of State			
DOCUMENT # P02000044700  1. Entity Name TAE ENTERPRISES, INC.				Secretary of State			
1	e of Business OAK BOULEVARD 34109	Mailing Address 6722 LONE OAK BOULEVARD NAPLES, FL 34109		1 (88.8) (88.9) (5)	DOKSO KIDIK BEDIK BEKIT BER	(	! Iffice bein brieben in were
E	O NOT WRITE	CE	01232006 No Chg-P CR2E034 (11/05)  4. FEI Number				
<del></del>	6. Name and Address of Current R	egistered Agent	}				
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			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 if applicable (NOTE Registered Agent agreture required when retrigiong)  DATE							
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0		00 May Be		1,114	50 100 45 5 534 555 557 55	
10.	OFFICERS AND D	RECTORS "		الاد بالمورية	g 41-4- 1-1 1 8-4-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD EVANS, THERESA A 6722 LONE OAK BOULEVARD NAPLES, FL 34109						
TITLE NAME SIRLE) ADDRESS CITY-ST-ZIP					03/28/06-	470366  80010-	022 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
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TITLE			Ī				}

12. Thereby 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 11 if changed, or on an attachment with an address, while all other like empowered:

SIGNATURE: \_

STREET ADDRESS

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