
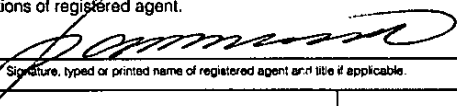
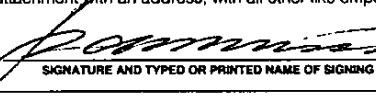


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90072 014 \*\*\*150.00

<b>DOCUMENT # P02000046883</b> 1. Entity Name <b>TULOMA CORP.</b>																													
Principal Place of Business <b>3730 44 AVE NORTH ST PETERSBURG, FL 33714</b>			Mailing Address <b>3730 44 AVE NORTH ST PETERSBURG, FL 33714</b>																										
2. Principal Place of Business <b>4548 RICKOVER CT.</b>		3. Mailing Address Suite, Apt. #, etc.																											
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City & State <b>NEW PORT RICHEY, FL</b>		City & State		4. FEI Number <b>04-3647279</b>																									
Zip <b>34652</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>PARKHOMENKO, IRINA 3730 44 AVE NORTH ST PETERSBURG, FL 33714</b>				7. Name and Address of New Registered Agent Name <b>IRINA PARKHOMENKO</b> Street Address (P.O. Box Number is Not Acceptable) <b>4548 RICKOVER CT.</b> City <b>ST. PETERSBURG FL</b> Zip Code <b>34652</b>																									
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  <b>IRINA PARKHOMENKO</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) <b>REG. AGENT</b> DATE <b>3/11/05</b>																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D <input type="checkbox"/> Delete</td> <td style="width: 30%;">NAME</td> <td style="width: 30%;">PARKHOMENKO, IRINA</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>3730 44 AVE NORTH</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>ST PETERSBURG, FL 33714</td> </tr> </table>			TITLE	D <input type="checkbox"/> Delete	NAME	PARKHOMENKO, IRINA	STREET ADDRESS			3730 44 AVE NORTH	CITY-ST-ZIP			ST PETERSBURG, FL 33714	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> <td style="width: 30%;">NAME</td> <td style="width: 30%;">4548 RICKOVER CT.</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>ST. PETERSBURG, FL 34652</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME	4548 RICKOVER CT.	STREET ADDRESS			ST. PETERSBURG, FL 34652	CITY-ST-ZIP			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  IRINA PARKHOMENKO** **3/11/05 727-842-7212**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #