2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # P02000054568 1. Entity Name 05-03-2005 90153 029 ***150.00 TAHITIAN TAN INC. Principal Place of Business Mailing Address 5410 MURRELL ROAD SUITE 115 VIERA FL 32955 5410 MURRELL ROAD UUUMAUAV SUITE 115 VIERA FL 32955 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 01-0692380 Not Applicable Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RAMAGE, KERRY M 4130 SAN YSIDRO WAY Street Address (P.O. Box Number is Not Acceptable) SUITE 115 VIERA FL 32955 Zip Code 9. The above named entity submit 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 SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be -i-After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME RAMAGE, KERRY NAME STREET ADDRESS 4130 SAN YSIDRO WAY STREET ADDRESS ROCKLEDGE FL 32955 CITY-ST-ZIP CITY-ST-7IP TITLE Dalata Dalata TITLE ☐ Change Addition RAMAGE, TIM NAME NAME STREET ADDRESS 4130 SAN YSIDRO WAY STREET ADDRESS CITY- ST - ZIP ROCKLEDGE FL 32955 CITY-ST-7P T!TLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST- ZIP TITLE Deleta TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-24P IIILE Delete TITLE ☐ Change Addillion NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-709 CITY-SI-ZIP Delete TIFLE TITLE ☐ Change Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 eath; that I am an officer or director of the corporation or the receiver or trustee improvement 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. 3216335999

FILED

Jun 06, 2005 8:00 am