
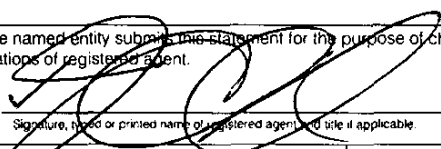
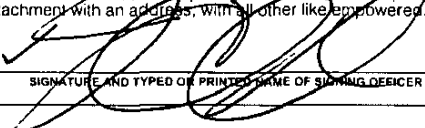


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90032 031 \*\*\*150.00

<b>DOCUMENT # P02000094853</b> 1. Entity Name <b>TALZA, INC.</b>																																																																																																																																			
Principal Place of Business <b>3910 NE 30TH AVE LIGHHOUSE POINT, FL 33064 US</b>			Mailing Address <b>2313 SW 57TH TERRACE HOLLYWOOD, FL 33023 US</b>																																																																																																																																
2. Principal Place of Business - No P.O. Box # <b>3415 Saddlebrook Lane</b>		3. Mailing Address <b>2313 SW 57 Terrace</b>																																																																																																																																	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																																																																																																																	
City & State <b>Weston, FL</b>		City & State <b>Hollywood FL</b>		4. FEI Number <b>52-2379095</b>																																																																																																																															
Zip <b>33331</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable																																																																																																																															
Zip <b>33023</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																															
6. Name and Address of Current Registered Agent  <b>CAPARELLI, JOSEPH J. JOSEPH J. 2313 SW 57TH TERRACE HOLLYWOOD, FL 33023</b>			7. Name and Address of New Registered Agent Name <b>Caparelli, Joseph</b> Street Address (P.O. Box Number is Not Acceptable) <b>2313 SW 57 Terrace</b> City <b>Hollywood</b> <b>FL</b> Zip Code <b>33023</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  DATE <b>1-29-07</b> <small>Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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>																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">VP</td> <td style="width: 30%;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">V.P.</td> <td style="width: 30%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>CAPARELLI, TANI R</td> <td></td> <td>NAME</td> <td>Caparelli, Tani R</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3910 NE 30TH AVE</td> <td></td> <td>STREET ADDRESS</td> <td>3415 Saddlebrook Lane</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LIGHHOUSE POINT, FL 33064</td> <td></td> <td>CITY-ST-ZIP</td> <td>Weston, FL 33331</td> <td></td> </tr> <tr> <td>TITLE</td> <td>P</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>P</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>CAPARELLI, JOSEPH</td> <td></td> <td>NAME</td> <td>Caparelli, Joseph</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3910 NE 30TH AVE</td> <td></td> <td>STREET ADDRESS</td> <td>3415 Saddlebrook Lane</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LIGHHOUSE POINT, FL 33064</td> <td></td> <td>CITY-ST-ZIP</td> <td>Weston, FL 33331</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td><input checked="" type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>CAPARELLI, JOSEPH J</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3910 NE 30TH AVE</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LIGHHOUSE POINT, FL 33064</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	VP	<input type="checkbox"/> Delete	TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	CAPARELLI, TANI R		NAME	Caparelli, Tani R		STREET ADDRESS	3910 NE 30TH AVE		STREET ADDRESS	3415 Saddlebrook Lane		CITY-ST-ZIP	LIGHHOUSE POINT, FL 33064		CITY-ST-ZIP	Weston, FL 33331		TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	CAPARELLI, JOSEPH		NAME	Caparelli, Joseph		STREET ADDRESS	3910 NE 30TH AVE		STREET ADDRESS	3415 Saddlebrook Lane		CITY-ST-ZIP	LIGHHOUSE POINT, FL 33064		CITY-ST-ZIP	Weston, FL 33331		TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	CAPARELLI, JOSEPH J		NAME			STREET ADDRESS	3910 NE 30TH AVE		STREET ADDRESS			CITY-ST-ZIP	LIGHHOUSE POINT, FL 33064		CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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: 			Date <b>1/29/07</b> Daytime Phone # <b>954 962 0556</b>																																																																																																																																