


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

| | |
|---|---|
| DOCUMENT # P02000118632 1. Entity Name TYNDALL & ASSOCIATES, INC. |  |
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 11 AM 8:57

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|---|--|
| Principal Place of Business 1607 NORTH 43RD ST SUITE 200 THONOTOSASSA, FL 33592 | Mailing Address 1607 N 43RD ST STE 200 TAMPA, FL 33605 |
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|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

07052006 Chg-P CR2E034 (11/05)

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|--|---|
| 6. Name and Address of Current Registered Agent TYNDALL, BRANDI E 13920 S. W. 121ST AVENUE ARCHER, FL FL | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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|------------------------------------|-------------------------------|
| 4. FEI Number 27-0035627 | Applied For Not Applicable |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| Amended AR is \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
|------------------------------|---|--|

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|-------------------------------|--|--|---|---|--|
| TITLE NAME | P TYNDALL, BRANDI E 11611 BIG SKY CIR THONOTOSASSA, FL 33592 <input checked="" type="checkbox"/> Delete | | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition 500077738365 07/19/06--01060--010 **61.25 | |
| STREET ADDRESS CITY-ST-ZIP | THONOTOSASSA, FL 33592 | | STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME | P, B, T, S, D, C, M Richard Herrick <input type="checkbox"/> Delete | | TITLE NAME | | |
| STREET ADDRESS CITY-ST-ZIP | 1607 N. 43rd St Tampa, FL 33605 | | STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME | Richard J. Herrick <input type="checkbox"/> Delete | | TITLE NAME | | |
| STREET ADDRESS CITY-ST-ZIP | 1607 N. | | STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME | <input type="checkbox"/> Delete | | TITLE NAME | | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME | <input type="checkbox"/> Delete | | TITLE NAME | | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME | <input type="checkbox"/> Delete | | TITLE NAME | | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | | |

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:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____