


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90041 003 ***150.00

DOCUMENT # P03000016644	
1. Entity Name TARKUS TECHNOLOGIES, INC.	

Principal Place of Business 5627 ASHLEY OAKS DRIVE #31 TAMPA, FL 33617	Mailing Address 5627 ASHLEY OAKS DRIVE #31 TAMPA, FL 33617
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40016040



2. Principal Place of Business 11814 SANDHILL RD	3. Mailing Address 11814 SANDHILL ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State THONOTOSASSA, FL	City & State THONOTOSASSA FL
Zip 33592	Country USA
Zip 33592-3800	Country USA

01222005 Chg-P CR2E034 (10/03)

4. FEI Number 30-0153942	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PLUMTREE, DAVID P 5627 ASHLEY OAKS DRIVE #31 TAMPA, FL 33617	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11814 SANDHILL ROAD City THONOTOSASSA FL Zip Code 33592	

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 *David P. Plumtree* **David P. Plumtree President** DATE **1-30-2005**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PLUMTREE, DAVID P 5627 ASHLEY OAKS DRIVE #31 TAMPA, FL 33617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President David P. Plumtree 11814 SANDHILL ROAD THONOTOSASSA, FL 33592 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *David P. Plumtree* **David P. Plumtree** DATE **1-30-2005** 813-980-1506

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #