2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000022476

FILED Apr 26, 2006 Secretary of State

Entity Name	: THE TA	MM CORPORATION, INC.			-		
Current Pri	ncipal Plac	e of Business:	New Prin	New Principal Place of Business:			
45 SHADOW ORMOND B							
Current Mai	ling Addre	ess:	New Mail	New Mailing Address:			
45 SHADOW ORMOND B							
FEI Number: 5	mber: 56-2326463 FEI Number Applied For ()		FEI Number Not App	plicable ()	Certificate of Status Desired ()		
Name and A	ddress of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
CROTTY, KA 1800 W. INT BUILDING 2 DAYTONA E	ERNATION SUITE 20	IAL SPEEDWAY BLVD.,					
The above noting the State of		submits this statement for the	e purpose of changing	its registered off	fice or registered ag	jent, or both,	
SIGNATURE	<u>:</u>						
	Electro	nic Signature of Registered A	gent		Date		
Election Camp	aign Financi	ng Trust Fund Contribution ().					
OFFICERS	AND DIRE	CTORS:	ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Name: I Address: ·	MUNIER, MIC 45 SHADOW) Delete HAEL CREEK WAY ACH, FL 32174	Title: Name: Address: City-St-Zip:	MUNIER, MICHA 45 SHADOW CR	EEK WAY		
Title:	SEC () Delete	Title:	() (Change () Addition		

 Name:
 MUNIER, NANCY

 Address:
 45 SHADOW CREEK WAY

 City-St-Zip:
 ORMOND BEACH, FL 32174

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL MUNIER P 04/26/2006