


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

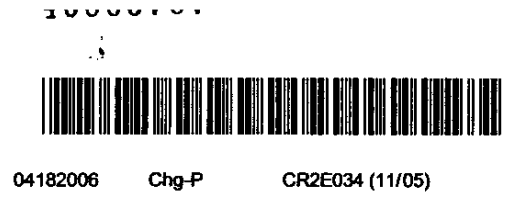
**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90203 010 \*\*\*150.00

<b>DOCUMENT # P03000025944</b>	
1. Entity Name TATA'S TINY TOTS, INC.	

Principal Place of Business 53 W. 10TH STREET ATLANTIC BEACH, FL 32233	Mailing Address 53 W. 10TH STREET ATLANTIC BEACH, FL 32233
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



4. FEI Number <del>27-0040895</del> 90-D2461D5	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ACCOUNTING * BUSINESS SOLUTIONS, INC 9951 ATLANTIC BLVD SUITE 418 JACKSONVILLE, FL 32225	7. Name and Address of New Registered Agent Name: Cathy M. Wade Street Address (P.O. Box Number is Not Acceptable): 6648 Autumn Bluff Lane City: Jacksonville FL Zip Code: 32222
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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: Cathy M. Wade, Accountant DATE: 4/19/06

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	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	P MITCHELL, TATA N 53 W 10TH STREET ATLANTIC BEACH, FL 32233 <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
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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 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: Jahn D. H. Mitchell DATE: 4-23-06 DAYTIME PHONE #: 904-788-2108

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR