## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 27, 2006 08:00 A Secretary of State **DOCUMENT # P03000041721** 1. Entity Name TANA DARLEY, INC. Principal Place of Business Mailing Address 13595 NE 41ST TERRACE 13595 NE 41ST TERRACE ANTHONY, FL 32617 ANTHONY, FL 32617 01092006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-4248941 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DARLEY, TANA **13595 NE 41ST TERRACE** ANTHONY, FL 32617 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when rejustating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Un0n0n405673 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees N?/07/06-80050-005 150.00 OFFICERS AND DIRECTORS 10. TITLE DARLEY, TANA NAME 13595 NE 41ST TERRACE STREET ADDRESS ANTHONY, FL 32617 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST- ZIE TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS CITY-\$1-ZIP TITLE NAME STREET ADDRESS

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 direction to 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 4

CITY -ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/06

352-817-010

Davime Phorie #