


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90307 027 ***150.00

DOCUMENT # P03000048626
 1. Entity Name
 TAMILLA SERVICE INC.



60024719



Principal Place of Business Mailing Address
 10486 BOYNTON PLACE CIR. 10486 BOYNTON PLACE CIR.
 APT. 812 APT. 812
 BOYNTON BEACH, FL 33437 BOYNTON BEACH, FL 33437

2. Principal Place of Business 3. Mailing Address
 868 IMPERIAL LAKE RD →
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 WEST PALM BEACH, FL
 Zip Country Zip Country
 33413

03072006 Chg-P CR2E034 (11/05)
 4. FEI Number Applied For
 90-0074457 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
 SHEMSHEDINOV, FEVZI → Name
 10486 BOYNTON PLACE CIR Street Address (P.O. Box Number is Not Acceptable)
 APT. 812 868 IMPERIAL LAKE RD
 BOYNTON BEACH, FL 33437 City WEST PALM BEACH FL Zip Code 33413

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 *[Signature]* REG. AGENT 3/07/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHEMSHEDINOV, FEVZI 10486 BOYNTON PLACE CIR APT. 812 BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 868 IMPERIAL LAKE RD WEST PALM BEACH, FL 33413
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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]* FEVZI SHEMSHEDINOV PRES. 3/07/06 561-352-5015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #