2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 24, 2007 08:00 AM Secretary of State **DOCUMENT # P03000066679** 1. Entity Name TUATARA, INC. Principal Place of Business Mailing Address 2312 SW 4TH AVENUE 2312 SW 4TH AVENUE FORT LAUDERDALE, FL 33315 FORT LAUDERDALE, FL 33315 01192007 No Chg-P · CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 58-2673150 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RUSSO, TINA DO NOT WRITE 2312 SW 4TH AVENUE FORT LAUDERDALE, FL 33315 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_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME RUSSO, TINA STREET ADDRESS 2312 SW 4TH AVENUE CITY-ST-ZIP FORT LAUDERDALE, FL 33315 TITI F NAME U00000728071 05/07/07-80002-017 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZP TITLE STREET ADDRESS CITY-ST-ZIP

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ONATURE AND TYPES ON PRINTED NAME OF BIGNING OFFICER OR DIRECTO

4/12/07

(954) 462-7665

FILED