


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000085264 1. Entity Name TALKNSPORTS, INC.	
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Principal Place of Business 7451 COLONIAL COURT SANFORD, FL 32771	Mailing Address 7451 COLONIAL COURT SANFORD, FL 32771
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04232006 No Chg:P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0144927	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALL, JANET K
7451 COLONIAL COURT
SANFORD, FL 32771

**DO NOT WRITE
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) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000540389 05/10/06-80016-003 158.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COX, BRUCE L 7451 COLONIAL COURT SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ADAMS, JAMES P 7451 COLONIAL COURT SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, JANET K 7451 COLONIAL COURT SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NESS, DONALD G 1268 HOWARD RD MARION, IL 62909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Bruce L Cox (Bruce L. Cox) Pres. 4/24/2006 407-489-7469
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #