
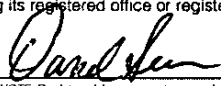
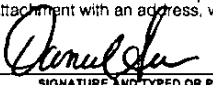


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2006 8:00 am**  
**Secretary of State**

01-20-2006 90027 029 \*\*\*158.75

<b>DOCUMENT # P03000086223</b> 1. Entity Name <b>TAS &amp; TRIA, INC.</b>					
Principal Place of Business <b>11420 N. KENDALL DRIVE SUITE 203 MIAMI, FL 33176</b>			Mailing Address <b>11420 N. KENDALL DRIVE SUITE 203 MIAMI, FL 33176</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <b>65-0471128</b>	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SARD, DAN 11420 N. KENDALL DRIVE SUITE 203 MIAMI, FL 33176</b>				7. Name and Address of New Registered Agent Name <b>SARD, DAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>11420 N. KENDALL DR.</b> Suite <b>203</b> City <b>MIAMI</b> FL <b>33176</b>	
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:  <b>1-17-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when re/setting) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>SARD, DAN 15779 VIANN WINDS PT DELRAY BEACH, FL 33446</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SARD, DAN 10564 ARCOLE CT. WELLINGTON, FL 33467</b>	<input checked="" 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		
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		
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		
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:  <b>Daniel Sard</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>1-17-06</b> <b>561-7954362</b> <small>Date Daytime Phone #</small>		