

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

01-20-2006 90027 029 ***158.75

DOCUMENT # P03000086223		
1. Entity Name TAS & TRIA, INC.		

Principal Place of Business 11420 N. KENDALL DRIVE SUITE 203 MIAMI, FL 33176	Mailing Address 11420 N. KENDALL DRIVE SUITE 203 MIAMI, FL 33176
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



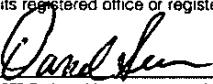
01132006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0471128	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
SARD, DAN 11420 N. KENDALL DRIVE SUITE 203 MIAMI, FL 33176	

7. Name and Address of New Registered Agent	
Name SARD, DAN Street Address (P.O. Box Number is Not Acceptable) 11420 N. KENDALL DR. Suite 203 City MIAMI Zip Code FL 33176	

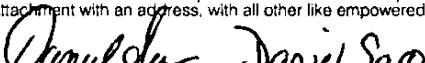
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **1-17-06**
(Signature, typed or printed name of registered agent and title if applicable)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P <input type="checkbox"/> Delete NAME SARD, DAN STREET ADDRESS 15779 VIANN WINDS PT CITY-ST-ZIP DELRAY BEACH, FL 33446		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME SARD, DAN STREET ADDRESS 10564 ARCOLE CT. CITY-ST-ZIP WELLINGTON, FL 33467	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 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:  1-17-06 561-7954362
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #