## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mannal

## Mar 06, 2006 08:00 AM Secretary of State **DOCUMENT # P03000110236** 1. Entity Name TARA-TEK INTERNATIONAL, INC. Mailing Address Principal Place of Business 1112 N. COLLIER BLVD. - 1112 N. COLLIER BLVD. MARCO ISLAND, FL 34145 MARCO ISLAND, FL 34145 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02222006 CR2E034 (11/05) Applied For 4. FEI Number City & State City & State 59-3718238 Not Applicable Country \$8.75 Additional Zio Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GREUSEL, JAMIE B Street Address (P.O. Box Number is Not Acceptable) 1104 N. COLLIER BOULEVARD MARCO ISLAND, FL 34145 Zip Code City 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 blie if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS Change ☐ Addiil TITLE TITUE ☐ Defete AYASUN, TARIK N NAME NAME STREET ADDRESS 1112 N. COLLIER BLVD. STREET ADDRESS U00000456852 CITY-ST-79 03/16/06-80045 -813 ISO.M CSTY-ST-ZIP MARCO ISLAND, FL 34145 Change ■ Additio ☐ Delete DILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addish ☐ Delete DD F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TOLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Adam. ☐ Change ☐ Detete TITLE THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition. ☐ Change ☐ Delete Tate TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-DP 12. I hereby certify that the information supplied with this filling 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 direction of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address with all other like empowered.

**FILED**