


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90264 003 \*\*\*150.00

**DOCUMENT # P03000128505**

1. Entity Name  
**TAMRIC, INC.**



Principal Place of Business      Mailing Address  
**103 VENETIAN LANE**      **103 VENETIAN LANE**  
**ROYAL PALM BEACH, FL 33411**      **ROYAL PALM BEACH, FL 33411**

**66415001**



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

02142004    Chg-P    CR2E034 (10/03)

City & State      City & State

4. FEI Number      Applied For  
**51-0492198**      Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**HASSINGER, RICKY**  
**103 VENETIAN LANE**  
**ROYAL PALM BEACH, FL 33411**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE <b>PRESIDENT</b> <input type="checkbox"/> Delete	NAME <b>HASSINGER, RICKY</b>
STREET ADDRESS <b>103 VENETIAN LANE</b>	CITY-ST-ZIP <b>ROYAL PALM BEACH, FL 33411</b>
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>Vice-President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <b>HASSINGER, Tammy</b>
STREET ADDRESS <b>103 Venetian Lane</b>	CITY-ST-ZIP <b>Royal Palm Beach, FL 33411</b>
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Rick Hassinger*      **Rick Hassinger**      3/13/04      561-282-8254  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #