

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90220 008 ***150.00

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01092007 Chg-P CR2E034 (12/06)

DOCUMENT # P03000136804 1. Entity Name TAMAR PROPERTIES HOLDING, CORP.					
Principal Place of Business 30351 US HWY 19 N SUITE J CLEARWATER, FL 33761			Mailing Address PO BOX 1013 OLDSMAR, FL 34677		
2. Principal Place of Business - No P.O. Box # 30353 U.S. Hwy 19 North Suite, Apt. #, etc. Suite J		3. Mailing Address Suite, Apt. #, etc. 			
City & State Clearwater FL		City & State 			
Zip 33761		Country USA		4. FEI Number 56-2429748	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent COLL, MARTA I 10 SUMMERWINDS LANE OLDSMAR, FL 34677			7. Name and Address of New Registered Agent Name MARTA I. COLL Street Address (P.O. Box Number is Not Acceptable) 30353 U.S. Hwy 19 North Suite J City Clearwater FL Zip Code 33761		
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 1/9/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COLL, MARTA I 10 SUMMERWINDS LANE OLDSMAR, FL 34677 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP COLL, DANIEL 10 IVY TERR OLDSMAR, FL 34677 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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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:			1/9/07 727-744-9048		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		