2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 02, 2006 08:00 AN Secretary of State DOCUMENT # P03000147487 1. Entity Name RAT A TAC TAT TATTOO, INC. Principal Place of Business Mailing Address 310 CAUSEWAY BLVD 310 CAUSEWAY BLVD DUNEDIN, FL 34698 DUNEDIN, FL 34698 03042006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 20-0449588 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RAMSEY, CORRINE DO NOT WRITE 799 E. KLOSTERMAN RD **LOT 58** IN THIS SPACE TARPON SPRINGS, FL 34689 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 regulard when reinstating) U000000558691 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 05/17/06-80104-010 150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE RAMSEY, CORRINE NAME 799 E. KLOSTERMAN RD STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS, FL 34689 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-SY-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR ARECTO

<u>√36/08</u>

727-136-6700

Daytime Phone

FILED