## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000049214

Entity Name: TARGETED MEDIA SOLUTIONS, INC.

FILED Feb 27, 2006 Secretary of State

Current Principal Place of	Business:	New Principal Place o	New Principal Place of Business:	
641 NE 19 AVE #210 FORT LAUDERDALE, FL 33304		941 NE 19 AVE #210 FORT LAUDERDALE, I	941 NE 19 AVE #210 FORT LAUDERDALE, FL 33304	
Current Mailing Address:		New Mailing Address	New Mailing Address:	
641 NE 19 AVE #210 FORT LAUDERDALE, FL 3	33304	941 NE 19 AVE #210 FORT LAUDERDALE, I	FL 33304	
FEI Number: 20-0902846	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Cur	rent Registered Agent:	Name and Address of	New Registered Agent:	
WILLINGHAM, VICTORIA 941 NE 19 AVENUE #210 FORT LAUDERDALE, FL 3	33304 US			
The above named entity sub in the State of Florida.	omits this statement for the pu	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				
Electronic	Signature of Registered Ager	nt	Date	
Election Campaign Financing Ti	rust Fund Contribution ( ).			

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DPST Title: ( ) Delete Title: (X) Change ( ) Addition WILLINGHAM, VICTORIA WILLINGHAM, VICTORIA Name: Name: Address: 941 NE 19 AVENUE #210 Address: 941 NE 19 AVENUE #210 City-St-Zip: FORT LAUDERDALE, FL 33304 City-St-Zip: FORT LAUDERDALE, FL 33304

( ) Delete Title: DVS ( ) Change (X) Addition

Title: BANKEN, JANICE Name: Name: Address: Address: 1850 NE 65TH STREET

FORT LAUDERDALE, FL 33308 FL City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TORY WILLINGHAM **DPT** 02/27/2006