


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90403 039 \*\*\*150.00

<b>DOCUMENT # P04000055297</b> 1. Entity Name <b>TASHI HOLDING CORP.</b>					
Principal Place of Business <b>C/O GOODLETTE COLEMAN &amp; JOHNSON, P.A.          4001 TAMIAMI TR N STE 300          NAPLES, FL 34103</b>			Mailing Address <b>C/O GOODLETTE COLEMAN &amp; JOHNSON, P.A.          4001 TAMIAMI TR N STE 300          NAPLES, FL 34103</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>26-0082332</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04252008    Chg-P    CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>BURKE, WILLIAM M          C/O GOODLETTE COLEMAN &amp; JOHNSON, P.A.          4001 TAMIAMI TR N STE 300          NAPLES, FL 34103</b>					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <i>William M. T. Burke</i> <b>4/25/08</b> <small>(Signature, typed or printed name of registered agent and title if applicable)      (NOTE: Registered Agent signature required when reinstating)      DATE</small>	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD SZECHENYI, HARRIET 4001 TAMIAMI TRAIL N, STE 250 NAPLES, FL 34103</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4001 Tamiami Trail N., Ste 300 Naples, FL 34103</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V BURKE, WILLIAM 4001 TAMIAMI TRAIL N, STE 250 NAPLES, FL 34103</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4001 Tamiami Trail N., Suite 300 Naples, FL 34103</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V SEXTON, DAVID N 4001 TAMIAMI TRAIL N, STE 250 NAPLES, FL 34103</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>William M. T. Burke</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4/25/08 (234) 435-3535</b> <small>Date      Daytime Phone #</small>		

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