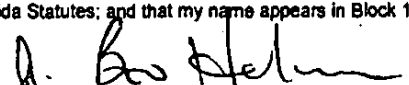


**FILED**  
**Jul 05, 2006 8:00 am**  
**Secretary of State**

06-26-2006 90002 026 \*\*\*150.00

6/2

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> P04000055743	
<b>1. Entity Name</b> TUNIS SERVICES	
<b>DO NOT WRITE IN THIS SPACE</b>	
<b>2. Principal Place of Business</b> 4480 MARINER BLVD Suite, Apt. #, etc.	<b>3. Mailing Address</b> Suite, Apt. #, etc.
<b>City &amp; State</b> SPRING HILL, FL <b>Zip</b> 34609	<b>City &amp; State</b>  <b>Zip</b>  <b>Country</b>
<b>4. FEI Number</b> 68-0583063	
<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>7. Name and Address of Current Registered Agent</b> <b>Name</b> BEN HALOUA <b>Street Address (P.O. Box Number is Not Acceptable)</b> 4480 MARINER BLVD. <b>City</b> SPRING HILL <b>FL</b> <b>Zip Code</b> 34609	
<b>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.</b>	
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) <b>DATE</b>	
<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	
<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>OFFICER</b> BEN HALOUA 4480 MARINER BLVD SPRING HILL, FL 34609
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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<b>11.</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>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 on an attachment with an address, with all other like empowered.</b>	
<b>SIGNATURE:</b>  <b>6/21/06 352 2016776</b>	
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b> <b>Date</b> <b>Daytime Phone #</b>	

ATTACHMENT  
TUNNIS SERVICES INC.

66021235

July 2, 2006

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

Reference Number: 204000055743

ATT.: GARY

This is to confirm that I didn't receive a copy of the report until late June, and the bookkeeper didn't alert me to file the annual report.

Please due to the small nature of this corporation waive me the late fee. And I promise to file on time every year I am in business.

Thank you.

A. Len Hobbs  
President for the Corp.

P.S. attached is the annual report and  
The Notice of intent to dissolve