

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2006 8:00 am
Secretary of State

08-28-2006 90004 001 ***150.00

DOCUMENT # P04000075018

1. Entity Name
TRANQUILITY BASE DESIGNS INC.



Principal Place of Business
2802 STRAND LOOP COURT
OVIEDO, FL 32765 US

Mailing Address
2802 STRAND LOOP COURT
OVIEDO, FL 32765 US

50026561



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07062006 Chg-P CR2E034 (11/05)

4. FEI Number
20-1142535

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMMATUNA, JERI F
2802 STRAND LOOP COURT
OVIEDO, FL 32765

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 -
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME AMMATUNA, JERI F MRS.
STREET ADDRESS 2802 STRAND LOOP COURT
CITY-ST-ZIP OVIEDO, FL 32765 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME FIKE, SANDRA M MS.
STREET ADDRESS 3035 ROSEMARIE DRIVE
CITY-ST-ZIP TITUSVILLE, FL 32796 ☐ Delete

TITLE VP
NAME FIKE, SANDRA M MS
STREET ADDRESS 2802 STRAND LOOP COURT
CITY-ST-ZIP OVIEDO, FL 32765 ☒ Change ☐ Addition

TITLE VP
NAME AMMATUNA, GEORGE F MR.
STREET ADDRESS 2802 STRAND LOOP COURT
CITY-ST-ZIP OVIEDO, FL 32765 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

George F. Ammatuna 20-AUG-06 407-808-9490