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Secretary of State

03-06-2006 90002 003 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000149947

1. Entity Name
T-MEDIA, INC.

Principal Place of Business	Mailing Address
11201 PURPLE PLUM COURT ORLANDO, FL 32821	11201 PURPLE PLUM COURT ORLANDO, FL 32821

01202006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
11236 Purple Plum Ct.	PO Box 690163
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando FL
Zip: 32821 Country: USA	Zip: 32869 Country: USA

4. FEI Number: 20-1817014 ☐ 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
TAOUABIT, IRENE H 11201 PURPLE PLUM COURT ORLANDO, FL 32821	Name: TAOUABIT, IRENE H Street Address (P.O. Box Number is Not Acceptable): 11236 Purple Plum Ct City: Orlando FL Zip Code: 32821

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. Address Change.

SIGNATURE: [signature] Irene Taouabit, President 1 Mar 06
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
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Secretary, Treasurer Irene Taouabit 11236 Purple Plum Ct. Orlando FL 32821	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Abdelhamid Taouabit 11236 Purple Plum Ct. Orlando FL 32821	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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] Irene Taouabit, President 1 Mar 06 407 963 6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #