2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 01, 2006 08:00 AN Secretary of State **DOCUMENT # P04000150967** TUNIS ENTERPRISES INC Principal Place of Business Mailing Address **5059 SOUTEL DRIVE 5059 SOUTEL DRIVE** JACKSONVILLE, FL 32208 JACKSONVILLE, FL 32208 US 115 04222006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1831696 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ZOUHAIER, HAMAMI M DO NOT WRITE 5658 ENGLISH OAK DRIVE SOUTH JACKSONVILLE, FL 32244 IN THIS SPACE 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, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. RILLE NAME ZOUHAIER, HAMAMI M 5059 SOUTEL DRIVE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32208 U00000556689 05/17/06-80018-020 150.00 IIILE NAME STREET ACCORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP RILE IN THIS SPACE VANE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 oalts; 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 fill of the empowered.

DAME OF SIGNING OFFICER OR DIRECTOR

FILED