


FILED
Jun 16, 2006 8:00 am
Secretary of State

05-01-2006 90356 035 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P05000012939			
1. Entity Name TZX CORPORATION			
Principal Place of Business 7615 RIVER OAK RUN 101 BRADENTON, FL 34202		Mailing Address PO BOX 20875 BRADENTON, FL 34204	
2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number 20-2232595		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		88.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAMPALIK, EVA 7615 RIVER OAK RUN 101 BRADENTON, FL 34202		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
State		State	
Zip Code		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 _____ <small>Signature, typed or printed name of registered agent and fee is applicable. NOTE: Registered agent certificate required when transferring. DATE</small>			
FILE NUMBER FEE IS \$100.00 After May 1, 2006 Fee will be \$336.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	OWN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMPALIK, EVA	NAME	
STREET ADDRESS	7615 RIVER OAK RUN #101	STREET ADDRESS	
CITY- ST- ZIP	BRADENTON, FL 34202	CITY- ST- ZIP	
TITLE	OWN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMPALIK, VLADIMIR	NAME	
STREET ADDRESS	7615 RIVER OAK RUN #101	STREET ADDRESS	
CITY- ST- ZIP	BRADENTON, FL 34202	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
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 affidavit, with all other fee empowered.			
SIGNATURE: <i>Eva Sampalik</i>		4-27-06 941-371-3175	
<small>SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>	

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04262006 Chq-P CR2E034 (11/05)

4. FEI Number 20-2232595 Applied For Not Applicable

5. Certificate of Status Desired [] 88.75 Additional Fee Required

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SIGNATURE: *Eva Sampalik* 4-27-06 941-371-3175
SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE