

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90238 045 ***150.00

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04182006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000024403 1. Entity Name TLS ENTITIES, INC.					
Principal Place of Business 426 SW COMMERCE DR - # 120 LAKE CITY, FL 32025			Mailing Address 426 SW COMMERCE DR - # 120 LAKE CITY, FL 32025		
2. Principal Place of Business 2941 West U.S. Highway 90 Suite, Apt. #, etc. #107		3. Mailing Address 2941 West U.S. Highway 90 Suite, Apt. #, etc. #107			
City & State LAKE CITY FL		City & State LAKE CITY FL		4. FEI Number 80-2424002	
Zip 32055		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEINEMANN, GREG 426 SW COMMERCE DR - # 120 LAKE CITY, FL 32025			7. Name and Address of New Registered Agent Name GREG LIENEMANN Street Address (P.O. Box Number is Not Acceptable) 2941 West U.S. Highway 90 #107 City LAKE CITY FL Zip Code 32055		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, for both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Greg Lienemann</u> DATE <u>4/19/06</u> <small>Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME LIENEMANN, GREG STREET ADDRESS 279 HAMLET CIR CITY - ST - ZIP LAKE CITY, FL 32024	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME LIENEMANN, GAYLE STREET ADDRESS 279 HAMLET CIR CITY - ST - ZIP LAKE CITY, FL 32024	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Greg Lienemann</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			5/1/06 386-752-0034 <small>Date Daytime Phone #</small>		