## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED Apr 13, 2006 8:00 am Secretary of State

DOCUMENT # P050000 1. Entity Name TULA INC.	)37353		04-13-2006 90308 010 ***150.00
Principal Place of Business 631 BASINGSTOKE CT KISSIMMEE, FL 34758	Mailing Address 631 BASINGSTOKE CT KISSIMMEE, FL 34758		
2. Principal Place of Business 4589 ROSS LANIE.	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	-	01132006 Chg-P CR2E034 (11/05)
City & State KISSIMMEE, FL	City & State		4. FEI Number Applied For Not Applicable
Zip 34758 Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Cu	rrent Registered Agent	Name C.F	7. Name and Address of New Registered Agent
CHERKASSOV, SERGUEY 631 BASINGS FOKE CT		32	ERGUEY CHERKASSOV sis (P.O. Box Number is Not Acceptable)
KISSIMMEE, FL 34758			9 ROSS LANIER LN
			SSIMMEE FL 758
The above named entity submits this statem the obligations of registered agent.  SIGNATURE  Signature. Yiped or print name of registere.			Stered agent, or both, in the State of Florida. I am familiar with, and accept  ERED AGENT 3/15/06  Lired when reinstating)
FILE NOW!!! FEE IS \$150.0 After May 1, 2006 Fee will be \$			55.00 May Be Added to Fees
	AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE P NAME CHERKASSOV, SERGUEY STREET ADDRESS 631 BASINGSTOKE CT CITY-SI-ZIP KISSIMMEE, FL 34758	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Ethange Addition  589 ROSS LANIER LN.  CLSSIMMEE, FL 34758  Change Addition
IIILE VP NAME STOLIAROVA, NATALIA STREET ADDRESS 631 BASINGSTOKE CT	☐ Delete		589 ROSS LANIER LN CISSIMMEE, FL 34758
CITY-ST-ZIP KISSIMMEE, FL 34758	<u>, , , , , , , , , , , , , , , , , , , </u>	CITY-ST-ZIP	CISSIMMEE, FL 34758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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
TIFLE NAME STREET ADDRESS	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  City-ST-ZIP	☐ Delete	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Change Addition
I hereby certify that the information supplied indicated on this report or supplemental results of the corporation or the receiver or trusted changed, or on an attachment with an according to the corporation.	nd with this filing does not qualify for port is true and accurate and that me ampowed to execute this report that the second of the second that is the second of the seco	r the exemptions contain ny signature shall have the as required by Chapter of RGUEY CHE	ned in Chapter 119, Florida Statutes. I further certify that the information he same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if