

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 28, 2006 8:00 am**  
**Secretary of State**

07-28-2006 90030 042 \*\*\*150.00

**DOCUMENT # P05000084222**

1. Entity Name  
**TICKETSPIN, INC.**



Principal Place of Business  
10215 ALLAMANDA BLVD  
PALM BEACH GARDENS, FL 33410

Mailing Address  
10215 ALLAMANDA BLVD  
PALM BEACH GARDENS, FL 33410

40101000



2. Principal Place of Business  
**11929 E. Colonial Dr.**

3. Mailing Address  
**11929 E. Colonial Dr.**

Suite, Apt. #, etc.  
**# 166**

Suite, Apt. #, etc.  
**# 166**

07252006 Chg-P CR2E034 (11/05)

City & State  
**Orlando FL**

City & State  
**Orlando FL**

4. FEI Number  
**20-2977679**

Applied For  
Not Applicable

Zip  
**32826**

Country  
**USA**

Zip  
**32826**

Country  
**USA**

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

TCHEKMEIAN, ALEX K  
10215 ALLAMANDA BLVD  
PALM BEACH GARDENS, FL 33410

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*Alex Tchekmeian* **Alex Tchekmeian** **07/25/06**

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **TCHEKMEIAN, ALEX K**  
STREET ADDRESS **10215 ALLAMANDA BLVD**  
CITY- ST- ZIP **PALM BEACH GARDENS, FL 33410**

TITLE **VP** ☐ Delete  
NAME **WYLIE, JOHN**  
STREET ADDRESS **10215 ALLAMANDA BLVD**  
CITY- ST- ZIP **PALM BEACH GARDENS, FL 33410**

TITLE **VP** ☐ Delete  
NAME **KENNY, ALEX**  
STREET ADDRESS **1213 NORTH D STREET**  
CITY- ST- ZIP **LAKE WORTH, FL 33460**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Alex Tchekmeian* **Alex Tchekmeian**

**07/25/06 (401)**  
**514 3012**

ATTACHMENT

Florida Department of State

TO WHOM IT MAY CONCERN

40101059  
#P05080084222

The enclosed annual reports are being sent in at the current date because we DID NOT RECEIVE THE FIRST NOTICE FOR ANY OF OUR COMPANIES.

Please contact us if you have any questions regarding these reports.

Thanks,

Jared Mendelewicz  
AKT ENTERPRISES  
407-574-3012