


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90151 030 ***150.00

DOCUMENT # P05000092464

1. Entity Name
TLDS ENTERPRISE, INC.



Principal Place of Business
6413 WESTGATE DRIVE
107
ORLANDO, FL 32835 US

Mailing Address
6413 WESTGATE DRIVE
107
ORLANDO, FL 32835 US

50009045



2. Principal Place of Business
6233 WESTGATE DRIVE
 Suite, Apt. #, etc. **614**

3. Mailing Address
6233 WESTGATE DR
 Suite, Apt. #, etc. **614**

03052006 Chg-P CR2E034 (11/05)

City & State
ORLANDO FL

City & State
ORLANDO FL

Zip
32835 Country **U.S.A**

Zip
32835 Country **U.S.A**

4. FEI Number
20-2980311 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GARNI, HAREL
6413 WESTGATE DRIVE
107
ORLANDO, FL 32835

7. Name and Address of New Registered Agent
 Name **GARNI HAREL**
 Street Address (P.O. Box Number is Not Acceptable)
6233 WESTGATE DRIVE # 614
 City **ORLANDO FL** Zip Code **32835**

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 _____ DATE **3/27/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IDO, RONEN 6413 WESTGATE DRIVE ORLANDO, FL 32835 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAREL, GARNI 6413 WESTGATE DRIVE ORLANDO, FL 32835 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHLOMO, YADID 6413 WESTGATE DRIVE ORLANDO, FL 32835 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IDO RONEN 6233 WESTGATE DR # 614 ORLANDO FL 32835 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAREL GARNI 6233 WESTGATE DRIVE # 614 ORLANDO FL 32835 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHLOMO YADID 6233 WESTGATE DRIVE # 614 ORLANDO FL 32835 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ DATE **3/27/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #