


FILED
Feb 26, 2007 8:00 am
Secretary of State

01-31-2007 90050 013 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT.**

DOCUMENT # P05000092464

1. Entity Name
 TLDS ENTERPRISE, INC.



Principal Place of Business 6233 WESTGATE DR 614 ORLANDO, FL 32835 US	Mailing Address 6233 WESTGATE DR 614 ORLANDO, FL 32835 US
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01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2980311	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARNI, HAREL
 6233 WESTGATE DR
 614
 ORLANDO, FL 32835

**DO NOT WRITE
 IN THIS SPACE**

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] DATE: 1/21/07

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 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 6233 WESTGATE DR #614 ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAREL, GARNI 6233 WESTGATE DR #614 ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHLOMO, YADID 6233 WESTGATE DR #614 ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
 IN THIS SPACE**

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] Harel Garni DATE: 2/22/07

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