
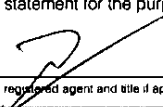
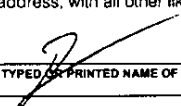


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90039 036 ***150.00

| | | | |
|--|---------------------------------|--|--|
| 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 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. 7361 Mandell Ct City & State Orlando FL Zip 32835 Country USA | | Suite, Apt. #, etc. 7361 Mandell Ct City & State Orlando FL Zip 32835 Country U.S.A | |
| 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 | | 7. Name and Address of New Registered Agent Name: GARNI HAREL Street Address (P.O. Box Number is Not Acceptable): 7361 Mandell Ct 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: 3/17/08 | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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: IDO, RONEN STREET ADDRESS: 6233 WESTGATE DR #614 CITY-ST-ZIP: ORLANDO, FL 32835 | <input type="checkbox"/> Delete | TITLE: P NAME: Ido Ronen STREET ADDRESS: 7361 Mandell Ct CITY-ST-ZIP: Orlando FL 32835 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: VP NAME: HAREL, GARNI STREET ADDRESS: 6233 WESTGATE DR #614 CITY-ST-ZIP: ORLANDO, FL 32835 | <input type="checkbox"/> Delete | TITLE: VP NAME: Harel Garni STREET ADDRESS: 7361 Mandell Ct CITY-ST-ZIP: Orlando FL 32835 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: VP NAME: SHLOMO, YADID STREET ADDRESS: 6233 WESTGATE DR #614 CITY-ST-ZIP: ORLANDO, FL 32835 | <input type="checkbox"/> Delete | TITLE: VP NAME: Shlomo Yadid STREET ADDRESS: 7361 Mandell Ct CITY-ST-ZIP: Orlando FL 32835 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 |
| 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 |
| 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:  | | DATE: 3/17/08 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone #: 407 405 5016 | |

50000839

