


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

4/3

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90405 010 \*\*\*150.00

<b>DOCUMENT # P05000093223</b>			
1. Entity Name <b>ROYAL TARA, INC.</b>			
Principal Place of Business <b>14543 ASTINA WAY ORLANDO, FL 32837 US</b>		Mailing Address <b>14543 ASTINA WAY ORLANDO, FL 32837 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>COHN, SCOTT ESQ.</b> <b>315 SE 7TH STREET</b> <b>2ND FLOOR</b> <b>FT. LAUDERDALE, FL 33301</b> <i>Richard O' Dea</i> <b>14543 ASTINA WAY</b> <b>ORLANDO</b> <b>FLORIDA 32837</b>		Name <b>Richard O Dea</b> Street Address (P.O. Box Number is Not Acceptable) <b>14543 Astina Way</b> City <b>Orlando</b> FL Zip Code <b>32837</b>	
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: <i>Richard O Dea</i>		DATE: <b>3/24/2006</b>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>P</b> <b>O'DEA, RICHARD</b> <b>14543 ASTINA WAY</b> <b>ORLANDO, FL 32837</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>O'DEA, SUSAN</b> <b>14543 ASTINA WAY, ORLANDO, FL 32837</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>V</b> <b>SPRINGER, O. HARRIS</b> <b>788 MENDOZA DRIVE</b> <b>ORLANDO, FL 32825</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>O'DEA, SUSAN</b> <b>14543 ASTINA WAY, ORLANDO, FL 32837</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>O' DEA SUSAN</b> <b>14543 Astina Way</b> <b>Orlando, Florida 32837</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 	<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: <i>Richard O Dea</i>		DATE: <b>3/24/2006</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

66011074



FBI: 20-3230206

02242006

Chg-P

CR2E034 (11/05)

4. FEI Number **20-323006** Applied For ☐ Not Applicable ☐

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