2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000107633

Entity Name: TALK SOLUTIONS, INC.

City-St-Zip:

MARGATE, FL 33063

FILED Mar 24, 2006 Secretary of State

Littly Na	ille. TALK SC	LOTIONS, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
8004 NW 154 ST., STE. 298 MIAMI LAKES, FL 33016			1100 N. TUTTLE AVE	1100 N. TUTTLE AVENUE	
			#3	#3	
			SARASOTA, FL 3423	57	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
8004 NW 154 ST., STE. 298 MIAMI LAKES, FL 33016				8004 NW 154 STREET	
			# 298 MIAMITAKES EL 33	# 298 MIAMI LAKES, FL 33016	
FEI Number: 51-0550446 FEI Number Applied For ()		FEI Number Not Applicable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
SMITH, JUANA 807 LAVENDER CIRCLE WESTON, FL 33327 US			SMITH, JUANA	SMITH, JUANA	
				1100 N. TUTTLE AVENUE #3	
				SARASOTA, FL 34327 US	
The above in the State	named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE:				03/24/2006	
	Electror	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS	
Title:) Delete	Title:	() Change () Addition	
Name:	SMITH, JUANA		Name:		
Address:	10645 EURIKA		Address:		
City-St-Zip:	BOCA RATON,	FL 33428	City-St-Zip:		
Title:	VP () Delete	Title:	() Change () Addition	
Name:	NAJAR, HECTO	OR .	Name:		
Address:	10645 EURIKA	ST.	Address:		
City-St-Zip:	BOCA RATON,	FL 33428	City-St-Zip:		
Title:	VP () Delete	Title:	() Change () Addition	
Name:	MUSTATA, EDI	JARDO	Name:		
Address:	6741 N.W. 8 S	Г.	Address:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: JUANA SMITH PTS 03/24/2006