


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90433 006 \*\*\*150.00

|  |   |   |   |   |  |
|--|---|---|---|---|--|
| <b>EPDVNF0U!\$ P05000138499</b><br>2/ Entity Name<br><b>SMALL TALK, INC.</b>   |   |   |   |    |  |
| Principal Place of Business<br><b>2841TH BFPXPFEMBOF-TVLP481</b><br><b>HELTPOAMFQJ43318</b>  |   |   | Mailing Address<br><b>2841TH BFPXPFEMBOF-TVLP481</b><br><b>HELTPOAMFQJ43318</b> |   |  |
| 2. Principal Place of Business<br><b>1730 Shadowood Ln</b><br>Suite/Apt. #, etc.<br><b># 370</b>   |   | 4/ Mailing Address<br>(same)  |   |   |  |
| City & State<br><b>Jacksonville, FL</b>  |   | City & State<br>(same)  |   | 5/ FEI Number<br><b>33-1124512</b>  |  |
| Zip<br><b>32207</b>  |   | Country<br><b>Duval</b>   |   | 6/ Certificate of Status Desired <input type="checkbox"/> <b>%8/86 Beejupobm</b><br><b>GI ISf r vjd e</b>                               |  |
| 7/ Obn f boe!Bee!t t lpgDve! ouSt hjt f # e!Bhf ou<br><b>MILLSAPS, WALTER S ESQ.</b><br><b>200 EAST FORSYTH STREET</b><br><b>JACKSONVILLE, FL 32202</b>  |   |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>GM</b> Zip Code |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>  |   | 9/ Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>%6/11 NbzlQI</b><br><b>Bee! etup!G f t</b>   |  |
| 21/ OFFICERS AND DIRECTORS   |   |   | 22/ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                           |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br><b>WATTS, JULIE F</b><br><b>200 EAST FORSYTH STREET</b><br><b>JACKSONVILLE, FL 32202</b> |   | <input type="checkbox"/> Delete   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |   |  |
| 23/ 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. |   |   |   |   |  |
| <b>TJHOBVVSF:</b> <u>J. Watts</u>  |   | <b>4/19/06</b> <b>904-993-2143</b>  |   |   |  |
| <small>TJHOBVVSFIBOEIUGFEPISIGSJOUEIOBNFIPQTJHODHIPGGDFISIP8IEJFOLP8</small>   |   |   |   |   |  |