

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

04-24-2006 90433 006 ***150.00

EPDVNFOU!\$ P05000138499	
2/ Entity Name SMALL TALK, INC.	

Principal Place of Business 2841!T! BEPPPEMBR!TVLUR481 HDLTPQAMH!QW!43318	Mailing Address 2841!T! BEPPPEMBR!TVLUR481 HDLTPQAMH!QW!43318
2. Principal Place of Business 1730 Shadowood Ln # 370	4/ Mailing Address (same)
Suite/Apt. #, etc. # 370	Suite, Apt. #, etc.
City & State Jacksonville, FL	City & State
Zip 32207	Country Duval
7/ Other Business MILLSAPS, WALTER S ESQ. 200 EAST FORSYTH STREET JACKSONVILLE, FL 32202	



04202006 DI h.Q DS3F1451)22016*

5/ FEI Number 33-1124512	Applied For Not Applicable
6/ Certificate of Status Desired %/86 Beejupobm GfISfrvje	
7. Name and Address of New Registered Agent	
Name MILLSAPS, WALTER S ESQ.	
Street Address (P.O. Box Number is Not Acceptable) 200 EAST FORSYTH STREET	
City JACKSONVILLE, FL 32202	
GM	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

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, 2006 Fee will be \$550.00	:/ Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> %/11 NbzICf! Beef elupGft
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21/ OFFICERS AND DIRECTORS		22/ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATTS, JULIE F 200 EAST FORSYTH STREET JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

T.J.HOBVUSF; *J.Watts*

T.J.HOBVUSF!BOEIZQF!PS!QS,OUFE1OBN!FPGTJ.HD!H!P!GGDFSP!S!E,BFDLPS

4/19/06 904-993-2143
Date Daytime Phone #