2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000145361

Entity Name: TAMLYN CORP.

FILED Jan 20, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1275 W GRANADA BLVD 2502 SEAGATE LANE N SUITE 4-A ST AUGUSTINE, FL 32084

ORMOND BEACH, FL 32174

ORMOND BEACH, FL 32174

New Mailing Address: Current Mailing Address:

1275 W GRANADA BLVD 2502 SEAGATE LANE N SUITE 4-A ST AUGUSTINE, FL 32084

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

WEEKES, TAMMY LYNN WEEKES, TAMMY LYNN 2502 SEAGATE LANE N 1275 W GRANADA BLVD US

SUITE 4-A ST AUGUSTINE, FL 32084 ORMOND BEACH, FL 32174 US

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.

SIGNATURE: TAMMY LYNN WEEKES 01/20/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD () Delete Title: (X) Change () Addition WEEKES, TAMMY LYNN WEEKES, TAMMY LYNN Name: Name: 1275 W GRANADA BLVD SUITE 4-A 2502 SEAGATE LANE N Address: Address:

City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: ST AUGUSTINE, FL 32084

(X) Delete Title: VΡ Title: () Change () Addition Name:

STRASNICK, ARTHUR P Name: 1275 W GRANADA BLVD SUITE 4-A Address: Address: ORMOND BEACH, FL 32174 City-St-Zip: City-St-Zip:

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.

SIGNATURE: TAMMY LYNN WEEKES **PSD** 01/20/2006