2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000145893

Entity Name: TAMA INDUSTRIES INC.

FILED Jan 03, 2006 Secretary of State

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

520 SOUTH WEST FIFTEENTH STREET 203

POMPANO BEACH, FL 33060 US

Current Mailing Address: New Mailing Address:

520 SOUTH WEST FIFTEENTH STREET 203

POMPANO BEACH, FL 33060 US

FEI Number: 20-3906717 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

TOMCZYK, WILLIAM J. TOMCZYK, WILLIAM J PSTD

520 SOUTH WEST FIFTEENTH STREET 520 SOUTH WEST FIFTEENTH STREET

03 203

POMPANO BEACH, FL 33060 US POMPANO BEACH, FL 33060 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: WILLIAM J. TOMCZYK 01/03/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS () Delete Title: PSTD (X) Change () Addition Name: TOMCZYK, WILLIAM J. Name: TOMCZYK, WILLIAM J PSTD

Address: 520 SOUTH WEST FIFTEENTH STREET, SUITE #20 Address: 520 SOUTH WEST FIFTEENTH STREET, #203

City-St-Zip: POMPANO BEACH, FL 33060 US City-St-Zip: POMPANO BEACH, FL 33060 US

Title: D (X) Delete Title: () Change () Addition

 Name:
 TOMCZYK, BARBARA
 Name:

 Address:
 23037 SE56TH AVE
 Address:

 City-St-Zip:
 BOCA RATON, FL 33060 US
 City-St-Zip:

Title: D (X) Delete Title: () Change () Addition

 Name:
 WAHLNER, ANNE
 Name:

 Address:
 26601 FARRELL STREET
 Address:

 City-St-Zip:
 SUN CITY, CA 92586 US
 City-St-Zip:

Title: D (X) Delete Title: () Change () Addition

 Name:
 TOMCZYK, REGINA
 Name:

 Address:
 17102 SE 96TH CHAPELWOOD CIRCLE
 Address:

 City-St-Zip:
 LADY LAKE, FL 32162
 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: WILLIAM J. TOMCZYK PSTD 01/03/2006