



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000154620	
1. Entity Name TIGER-HEAD HOLDINGS, INC.	

Principal Place of Business 2228 CYPRESS-HALLOW CRT SAFETY HARBOR, FL 34695	Mailing Address 2228 CYPRESS HALLOW CRT SAFETY HARBOR, FL 34695
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DO NOT WRITE IN THIS SPACE



02022007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4041648	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HEAD, DAVID
2228 CYPRESS HALLOW CRT
SAFETY HARBOR, FL 34695**

**DO NOT WRITE
IN THIS SPACE**

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 OF REGISTERED AGENT: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution: ☐ **\$5.00 May Be Added to Fees**

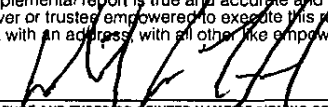
10. List of Officers and Directors

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEAD, DAVID 2228 CYPRESS HALLOW CRT SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEPHART, DAVID F 16424 BURNISTON DR TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEPHART, KIM T 16424 BURNISTON DR TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. 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.

SIGNATURE:  **4/21/07** **727 535-1495**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #