


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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**FILED**  
**Jun 19, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90248 048 \*\*\*150.00

<b>DOCUMENT # P05000156809</b> 1. Entity Name <b>TULIWORLD SERVICES, INC</b>																													
Principal Place of Business <b>308 BECKY ST ORLANDO, FL 32824</b>			Mailing Address <b>308 BECKY ST ORLANDO, FL 32824</b>																										
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																										
04262006 Chg-P CR2E034 (11/05)			4. FEI Number <b>20-3860174</b> Applied For Not Applicable																										
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			6. Name and Address of Current Registered Agent <b>DO NASCIMENTO, SERGIO 308 BECKY ST ORLANDO, FL 32824</b>																										
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <i>[Signature]</i> DATE																										
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
<b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="width: 70%;"> <b>P DO NASCIMENTO, SERGIO</b>  <b>308 BECKY ST</b>  <b>ORLANDO, FL 32824</b> <input type="checkbox"/> Delete         </td> </tr> <tr><td style="height: 40px;"></td><td><input type="checkbox"/> Delete</td></tr> <tr><td style="height: 40px;"></td><td><input type="checkbox"/> Delete</td></tr> <tr><td style="height: 40px;"></td><td><input type="checkbox"/> Delete</td></tr> <tr><td style="height: 40px;"></td><td><input type="checkbox"/> Delete</td></tr> <tr><td style="height: 40px;"></td><td><input type="checkbox"/> Delete</td></tr> </table>			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>P DO NASCIMENTO, SERGIO</b> <b>308 BECKY ST</b> <b>ORLANDO, FL 32824</b> <input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete	<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td style="height: 40px;"></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="height: 40px;"></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="height: 40px;"></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="height: 40px;"></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="height: 40px;"></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table>			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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. <b>SIGNATURE:</b> <i>[Signature]</i> <b>APRIL 26 06 407 2400851</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													

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