

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000137844

**FILED**  
**Jun 16, 2009**  
**Secretary of State****Entity Name:** TAMREN, INC.**Current Principal Place of Business:**3586 SANGANI BLVD  
STE L-340  
BILOXI, MS 39540**New Principal Place of Business:**179 W. STRICKLAND RD.  
INTERLACHEN, FL 32148**Current Mailing Address:**3586 SANGANI BLVD  
STE L-340  
BILOXI, MS 39540**New Mailing Address:**PO BOX 376  
INTERLACHEN, FL 32148**FEI Number:** 20-5811926**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**COOK, TAMERA P  
11000 METRO PARKWAY  
UNIT 1A  
FORT MYERS, FL 33966 US**Name and Address of New Registered Agent:**CHADWICK, KAREN L  
179 W. STRICKLAND RD.  
INTERLACHEN, FL 32148 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: KAREN L. CHADWICK

06/16/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: COOK, TAMERA P  
Address: 3586 SANGANI BLVD, STE L-340  
City-St-Zip: BILOXI, MS 39540

Title: SEC ( ) Delete  
Name: COOK, TAMERA P  
Address: PO BOX 376  
City-St-Zip: INTERLACHEN, FL 32148

Title: TREA ( ) Delete  
Name: COOK, TAMERA P  
Address: PO BOX 376  
City-St-Zip: INTERLACHEN, FL 32148

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: CHADWICK, KAREN L  
Address: PO BOX 376  
City-St-Zip: INTERLACHEN, FL 32148

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KAREN L. CHADWICK

P

06/16/2009

Electronic Signature of Signing Officer or Director

Date