

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P25371

FILED  
Feb 27, 2006  
Secretary of State

Entity Name: TALLA-COM, TALLAHASSEE COMMUNICATIONS INDUSTRIES, INC.

**Current Principal Place of Business:**

1721 WEST PAUL DIRAC DR.  
TALLAHASSEE, FL 32310

**New Principal Place of Business:**

**Current Mailing Address:**

1721 WEST PAUL DIRAC DR.  
TALLAHASSEE, FL 32310

**New Mailing Address:**

FEI Number: 22-2974315      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PHILLIPS, S. JAMES  
1720 W. PAUL DIRAC DR.  
TALLAHASSEE, FL 32310      US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CASPI, CHAIM  
Address: 1721 WEST PAUL DIRAC DRIVE  
City-St-Zip: TALLAHASSEE, FL

Title: S ( ) Delete  
Name: PHILLIPS, JAMES,  
Address: 1721 W. PAUL DIRAC DR.  
City-St-Zip: TALLAHASSEE, FL

Title: D ( ) Delete  
Name: NEHEMIA, SHIFF  
Address: 26 HASHOFTM STREET P.O. BOX 267  
City-St-Zip: HOLON, IS

Title: D ( ) Delete  
Name: WEIZMAN, AMOS  
Address: 26 HASHOFTM ST PO BOX 267  
City-St-Zip: HOLON, IS

Title: D ( ) Delete  
Name: COHEN, DAVID  
Address: 26 HASHOFTM STREET P.O. BOX 267  
City-St-Zip: HOLON, IS

Title: D ( ) Delete  
Name: HERMONI, HEZI  
Address: 26 HASHOFTM STREET P.O. BOX 267  
City-St-Zip: HOLON, IS

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

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

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

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

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 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: JAMES PHILLIPS

S

02/27/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date