


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90034 017 ***150.00

DOCUMENT # P94000000991					
1. Entity Name TANNER VALLEY, INC.					
Principal Place of Business TWELVE FIFTY EAST BUILDING SUITE 402 1250 EAST HALLANDALE BEACH BLVD HALLANDALE, FL 33009			Mailing Address TASHI VALLEY, INC. PO BOX 472002 <i>PO Box 800341</i> MIAMI, FL 33280 <i>33280</i>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01272006 Chg-P CR2E034 (11/05)	
4. FEI Number 59-1993182				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			7. Name and Address of New Registered Agent		
PERLMAN AND ASSOCIATES 709 BRICKELL PLAZA SUITE 900 <i>1001 Brickell Bay Drive Suite 3112</i> MIAMI, FL 33131			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME JESHURUN, FANI STREET ADDRESS % 1250 E. HALLANDALE BEACH BLVD., #402 CITY - ST - ZIP HALLANDALE, FL 33009	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME ZIMAND, HENRI STREET ADDRESS % 1250 E. HALLANDALE BEACH BLVD., #402 CITY - ST - ZIP HALLANDALE, FL 33009	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	<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.					
SIGNATURE: <i>Henri Zimand SECRETARY</i> <i>03/08/06</i> <i>305/466-8510</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					