


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90060 018 ***150.00

DOCUMENT # P95000036525

1. Entity Name
TALISMAN, INC.



Principal Place of Business Mailing Address

515 N FLAGLER DR STE 300D **PO BOX 4297**
WEST PALM BEACH, FL 33401 US **WEST PALM BEACH, FL 33402 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

223 Sunset Avenue **PO BOX 4297**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Palm Beach, FL **West Palm Beach, FL**

Zip Country Zip Country

33480 **US** **33402** **US**

40029609



01102007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

65-0589361 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHOPIN, L F ESQ.
515 N FLAGLER DR STE 300D
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
223 Sunset Avenue

Suite 230

City State Zip Code
Palm Beach FL 33480

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD SACKLER, GILLIAN T 515 N FLAGLER DR STE 300D WEST PALM BEACH, FL 33401 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS CHOPIN, L FRANK 515 N FLAGLER DR STE 300D WEST PALM BEACH, FL 33401 | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 223 Sunset Avenue, Suite 230 Palm Beach, FL 33480 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 223 Sunset Avenue, Suite 230 Palm Beach, FL 33480 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: L F Chopin Date: 3/1/07 Daytime Phone #: 561-655-9500