


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P95000039449</b>		
1. Entity Name <b>TALLMAN CORPORATION</b>		
Principal Place of Business <b>604 S. LAKE SYBELIA DRIVE MAITLAND, FL 32751</b>		Mailing Address <b>604 S. LAKE SYBELIA DRIVE MAITLAND, FL 32751</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>HAMPDEN, EDMUND 604 S. LAKE SYBELIA DRIVE MAITLAND, FL 32751</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		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"/> <b>\$5.00</b> May Be Added to Fees
		1100000476997 04/06/06-80033-018 150.00
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE	D	
NAME	HAMPDEN, EDMUND P	
STREET ADDRESS	604 S. LAKE SYBELIA DRIVE	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	V	
NAME	HAMPDEN, BARBARA	
STREET ADDRESS	604 S LAKE SYBELIA DR	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: <u>Edmund Hampden</u> <b>EDMUND HAMPDEN, D</b>		3/18/06 407-644-9140
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>