2007 FOR PROFIT CORPORATION ANNUAL RELORT (AR)

SIGNATURE:

## Feb 02, 2007 8:00 am **Secretary of State** DOCUMENT # P95000071844 1. Entity Name 02-02-2007 90010 037 \*\*\*150.00 TALQUIN HOLDINGS, INC. Principal Place of Business Mailing Address 228 COE LANDING RD TALLAHASSEE FL 32310 228 COE LANDING RD TALLAHASSEE FL 32310 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & Stato 4. FEI Number Applied For 59-3346233 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TAYLOR, PHILLIP E Box Number is Not Acceptable), 11675 COE SPRINGS RIDGE Springs Ridge TALLAHASSEE FL 32310 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, typed or printed name or reg/stered agent and title if applicable. (NOTE, Registered Agent signature required which reinstaling) FILE NOW!(! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE THE ☐ Delete ☐ Change ☐ Addition FLETCHER, CRAIG A NAME 228 COE LANDING ROAD STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32310 CITY - ST - ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE Change ☐ Addition Taylor, Phil 11683 Coe Springs Ridge TAYLOR, PHIL NAME NAME 11675 COE SPRINGS RIDGE STREET ADDRESS SIRFET ADDRESS TALLAHASSEE FL 32310 CHY ST-ZIP CITY-ST ZIP Tallahassee, FL 32310 ☐ Delete THILE ☐ Change Addition NAM STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-7IP HHE ☐ Delete THE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CUY-SE-ZIP ☐ Delete IIIE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-SI-ZIP THEF Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report of suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute his report as equired by Chapter 607, Florida Statutes; and that my pame appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED