

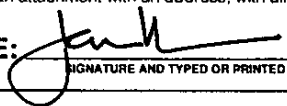


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90276 024 ***150.00

DOCUMENT # P96000011643 1. Entity Name TASHA CONSULTING CORP.																																	
Principal Place of Business 513 COCONUT ISLE FT LAUDERDALE, FL 33301				Mailing Address 513 COCONUT ISLE FT LAUDERDALE, FL 33301																													
2. Principal Place of Business C/O TROP, MICHAEL L. ESQ. Suite, Apt. #, etc. 350 E. LASOLAS BLVD. SUITE 1700		3. Mailing Address C/O MOORE, D. JANET Suite, Apt. #, etc. 180 WATER ST.																															
City & State FORT LAUDERDALE, FLORIDA		City & State COBOURG, ONTARIO		4. FEI Number 65-0659219																													
Zip 33301		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																													
- 6..Name and Address of Current Registered Agent TROP, MICHAEL L ESQ. 350 EAST LAS OLAS BOULEVARD SUITE 1700 FORT LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																															
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> PTSD MOORE, D. JANET 513 COCONUT ISLE FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD MOORE, D. JANET 513 COCONUT ISLE FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> PTSD MOORE, D. JANET 180 WATER STREET COBOURG, ONTARIO K9A 1R1 CANADA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD MOORE, D. JANET 180 WATER STREET COBOURG, ONTARIO K9A 1R1 CANADA <input checked="" 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 exemption stated in Section 119.07(3)(i), 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:  D. JANET MOORE MARCH 1, 2005 905-372-6000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date Daytime Phone #</small>																																	

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