2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000011643

1. Entity Name
TASHA CONSULTING CORP.

FILED
May 01, 2006 08:00 Al
Secretary of State

Principal Place of Business

%TROP,MICHAEL L. ESQ 350 E LAS OLAS BLVD STE 1700 FT LAUDERDALE, FL 33301 Mailing Address

%MOORE,D JANET 180 WATER ST

COBOURG ONTARIO, CA k9a-1r1



DO NOT WRITE IN THIS SPACE

04062006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 65-0659219 Not Applicable

5. Certificate of Status Desired

\$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

DO NOT WRITE IN THIS SPACE

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_	Signature, typed or printed name of registered agent and title if	applicable. (NOTE Registere	d Agent signature	required when reinstating)	OATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	 Election Campaign Finan Trust Fund Contribution. 	ncing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS	ł				
NTLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD MOORE, D. JANET 180 WATER ST COBOURG ONTARIO, CA k9a 1r1			U00000558291 05/17/06-80089-007 150.00			
TITLE NAME STREET ADORESS CITY+ST-ZIP					557 117 50 55005 557 155155		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE			
TITLE NAME STREET ADORESS CITY-ST-ZIP			IN THIS SPACE				
TITLE NAME STREET ADDRESS							

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.

SIGNATUŔÈ;

CITY-ST-ZIP

TITLE

MAME

STREET ADDRESS

CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 182006 905-372-6000