## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000058236

Entity Name: TALENTAGENCY, COM, INC.

FILED Feb 02, 2005 Secretary of State

Entity Nai	me: TALENTA	AGENCY, COM, INC.				
Current P	rincipal Place	e of Business:	New Prince	New Principal Place of Business:		
3660 MAGUIRE BLVD.			5156 S. ORANGE AVE.			
250 ORLANDO, FL 32803			ORLANDO	), FL 32809		
Current Mailing Address:			New Mailing Address:			
3660 MAGUIRE BLVD.			5156 S. ORANGE AVE			
250 ORLANDO, FL 32803			ORLANDO, FL 32809			
FEI Number	: 59-3608212	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and	Address of N	lew Registered Agent:	
WINTER F	BADOS DRIVE PARK, FL 327	92 US	ourpose of changing i	ts registered o	ffice or registered agent, or both,	
SIGNATUI	RE:					
		nic Signature of Registered Ag	ent		Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P ( SKORMAN, DA 2362 BARTADO WINTER PARK	OS DR	Title: Name: Address: City-St-Zip:	D (X SKORMAN, DA 2362 BARBADO WINTER PARK	DS DR	
Title: Name: Address: City-St-Zip:	D ( SKORMAN, TE 8150 OAKLANI ORLANDO, FL		Title: Name: Address: City-St-Zip:	P (X SKORMAN,, TE 8150 OAKLANE ORLANDO, FL		
Title: Name: Address: City-St-Zip:	P ( SKORMAN, TE 8150 OALKLAI ORLANDO, FL		Title: Name: Address: City-St-Zip:	()	Change ()Addition	
Title: Name: Address: City-St-Zip:	D ( SKORMAN, DA 2362 BARTADO WINTER PK, F	OS DR.	Title: Name: Address: City-St-Zip:	D (X SKORMAN, DA 2362 BARBADO WINTER PK, F	DS DR.	
Title: Name: Address: City-St-Zip:	D ( ZIMMARDO, Jo 106 WAKTON ORLANDO, FL		Title: Name: Address: City-St-Zip:	D (X ZIMMARDO, JO 106 WALTON H ORLANDO, FL		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID SKORMAN D 02/02/2005