## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000048969						FILM		
1. Entity Name TANMAR INVESTMENTS, INC.						06 A	PR 18 (1) 10: 25	
					CONTESTAL OF THE PARTY OF THE P			
Principal Place of Business Mailing Address ONE PROGRESS PLAZA, #450 1 PROGRESS PLAZA #450 SAINT PETERSBURG, FL 33701 ST. PETERSBURG, FL 3370						[ *		
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2. Principal Place of Business St. Nailing Address Second					SYN			
Suite, Apt. #, etc7//)			Suite, Apt. #, etc.			04042006 Chg-P	CR2E034 (11/05)	
City & State			City & State			4. FEI Number	Applied F	
Zip	Zip Country		Zip Count		itry	59-3503043	Not Applic	$\overline{}$
					, <u>.</u>	5. Certificate of Status Desired	Fee Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name			
AV <del>i</del> RAM, TAL ONE PROGRESS PLAZA, #450 SAINT PETERSBURG, FL 33701					Streng Actires (P.O. Box Number is Nft Acceptable) #210			
•								
					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.								
SIGNATURESignature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)								
		FEE IS \$150.00 6 Fee will be \$550.0	9. Election Campai Trust Fund Cont		ncing <b>\$5.</b>	. <b>00</b> May 864 19/0601	011001 **1000.	.00
10.	-, ,			11.		ADDITIONS (CHANGES TO DE	FICERS AND DIRECTORS IN 11	
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NAME					E 97	Monte Cristo	•	
STREET ADDRESS CITY-ST-ZIP					LI FIDDITIESS	rra Verde Fl	22715	
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CITY-ST-ZIP	''	' 1 /		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.V.17(1	~ <u>-</u>	SIGNATURE AND TYPED OF P	RINTED NAME OF SIGNING OFFICER	OR DIREC	TOR	Date	Daytime Phone #	