2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 02, 2007 8:00 am Secretary of State DOCUMENT # P97000057733 04-02-2007 90071 033 ***150.00 1. Entity Name TANI HURLEY PUBLIC RELATIONS INC. Principal Place of Business Mailing Address **5051 CASTELLO DRIVE** 5051 CASTELLO DRIVE SUITE 226 SUITE 226 NAPLES, FL 34103 NAPLES, FL 34103 3. Mailing Address 21301 S. TAMAMI TRL 2. Principal Place of Business - No P.O. Box # 19643 VILLAR 054 LOOP Suite, Apt. #, etc. Suite, Apt. #, etc 02192007 CR2E034 (12/06) Chq-P 4. FEI Number Applied For 59-3454115 Not Applicable Country U.S.A \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HURLEY, CAROL A Street Address (P.O. Box Number is Not Acceptable) 5051 CASTELLO DRIVE SUITE 226 NAPLES, FL 34103 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 regists SIGNATURE. Signature, typed or printed name of regis 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition NAME HURLEY, CAROL A NAME 19643 VILLA ROSA LOOP STREET ADDRESS STREET ADDRESS FORT MYERS, FL 33912 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition HURLEY, THOMAS D NAME NAME STREET ADDRESS 19643 VILLA ROSA LOOP STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33912 CITY-ST-ZIP Delete IIIŒ TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ 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 filling 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 recover 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 attact field with an address, with all other like empowered. CAROLA HURKY

FILED