2006 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS

CATY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

FILED Jan 23, 2006 8:00 am Secretary of State

Addition

Change

| , , | | | | | | | | |
|--|--|--|--------------------------------|---|--|--|--|--|
| DOCUMENT #P98000013186 1. Entity Name AMERICAN TRADITIONS BY TARA, INC. | | | | Secretary of State 01-23-2006 90044 031 ***150.00 | | | | |
| Principal Place 3410 ALMER TAMPA, FL 3 | NA AVE | Mailing Address 3410 ALMERIA AVE TAMPA, FL 33629 | | | | | | |
| 2. Principal P カンカー | lace of Business 7 Henderson Bu | 3. Mailing Address | nde <i>rso</i> n t | | | | | |
| Suite, Apt. | | Suite, Apt. #, etc. | | 01062006 Chg-P CR2E034 (11/05) | | | | |
| City & State Tampa FLorida | | City & State | lorida | 4. FEI Number Applied For 65–0812256 Not Applicable | | | | |
| フラし C | Country | 757Le09 | Country | 5. Certificate of Status Desired S8.75 Additional Fee Required | | | | |
| | 5. Name and Address of Current I | | | 7. Name and Address of New Registered Agent | | | | |
| HOOD, TARA 3410 ALMERIA AVE TAMPA, FL 33629 | | | | Name Tara Hood Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | city Tampa FL Zip Code 33609 | | | | | |
| 8. The shove | named entity submits this statement for | the nurnose of changing its re | nistered office or reni | istered agent, of both, in the State of Florida. I am familiar with, and accept | | | | |
| | tions of registered agent. | the pulpose of changing its re | gistered britte or regi | sicred agent, or both, in the state of honda. Fatt faithful with, and accept | | | | |
| SIGNATURE TATA HOOD 18RS HOOD/Presi. 1-12-06 | | | | | | | | |
| İ | Signature, typed or printed name of registered agent a | and title if applicable. (NOTE: R | legistered Agent aigneture req | puired when reinstating) DATE | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | | | | | | | | |
| 10. | OFFICERS AND | DIRECTORS | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | |
| TITLE | Р | ☐ Delete | TITLE 1 | Change ☐ Addition | | | | |
| NAME | HOOD-URETTE, TARA | | NAME = | + Hood - Urate, Tara | | | | |
| STREET ADDRESS | 3410 ALMERIA AVE | | STREET ADORESS 3 | 239 Henderson Blvd. | | | | |
| CITY-ST-ZIP | TAMPA, FL 33629 | | amu ar an 1 | umpa, FL 33609 | | | | |
| TITLE | | ☐ Delete | TITLE | ☐ Change ☐ Addition | | | | |
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| STREET ADORESS | <u> </u> | | STREET ADDRESS | | | | | |
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| NAME | | | NAME | j | | | | |
| STREET ADDRESS | 1 | | STREET ADDRESS | | | | | |
| CATY-ST-ZIP | | | CITY-ST-ZIP | | | | | |
| TITLE Name | | ☐ Delete | TITLE | . Change Addition | | | | |
|) TENNIC | 1 | | NAME ! | | | | | |

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 addless, with all other like empowered.

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

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| SIGNATURE: _ | TSPS Hoon | Tara Hoob | President | 1-16-06 | 87582 | +3 |
|--------------|----------------------------------|-------------------------------------|-----------|---------|-----------------|----|
| | SIGNATURE AND TYPED OR PRINTED N | ANNE OF SIGNONG OFFICER OR DIRECTOR | • | Date | Daytime Phone # | Γ |