

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000024916

1. Entity Name

TALENTS INVESTMENTS, INC.



Principal Place of Business

2100 NW 21ST ST.
GAINESVILLE, FL 32605

Mailing Address

2100 NW 21ST ST.
GAINESVILLE, FL 32605



03202006

No Chg-P

CR2E034 (11/05)

4. FEI Number

59-3501060

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WRIGHT, THOMAS A
2100 NW 21ST ST.
GAINESVILLE, FL 32605

**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: Registered Agent signature required when re/starting)

DATE

3/22/06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WRIGHT, THOMAS A
STREET ADDRESS 2100 NW 21ST ST.
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE V
NAME HARRIS, OSCAR
STREET ADDRESS 1130 NE 18TH AVE
CITY-ST-ZIP GAINESVILLE, FL 32601

TITLE V
NAME CUMMINGS, EDDIE
STREET ADDRESS 3415 SE 17TH AVE
CITY-ST-ZIP GAINESVILLE, FL 32641

TITLE S
NAME TILLMAN, MARISA
STREET ADDRESS 720 NW 3RD STREET
CITY-ST-ZIP GAINESVILLE, FL 32601

TITLE T
NAME WHITE, JAMES L
STREET ADDRESS 6705 83RD TERRACE
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE V
NAME STRINGFELLOW, HART
STREET ADDRESS 1515 NW 18TH ST.
CITY-ST-ZIP GAINESVILLE, FL 32605

U00000484790
04/12/06-80057-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/06 (552) 571-3951
Date Daytime (Home) #