2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jun 05, 2006 8:00 am **Secretary of State** DOCUMENT # P98000040565 06-05-2006 90148 037 ***150.00 1. Entity Name TSAMOUTALES LIMITED INCORPORATED Principal Place of Business Mailing Address 50020664 376 LANTERNBACK ISLAND DR. 376 LANTERNBACK ISLAND DR. SATELLITE BEACH, FL 32937 SATELLITE BEACH, FL 32937 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05242006 CR2E034 (11/05) Chg-P Applied For City & State City & State 4. FEI Number 59-3561656 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ASSENDERP, KENZA V Street Address (P.O. Box Number is Not Acceptable) 225 SOUTH ADAMS ST STE 200 TALLAHASSEE, FL 32301 City Zip Code FL 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 reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. 🖫 Due by September 6, 2006 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE ☐ Change ☐ Addition TITLE TSAMOUTALES, FRANK N NAME STREET ADDRESS 376 LANTERNBAACK ISLAND DR STREET ADDRESS CITY-ST-ZIP SATELLITE BEACH, FL 32927 CITY-ST-ZIP TITLE **VTS** Oelete TITLE ☐ Change ☐ Addition TSAMOUTALES, KIM H NAME NAME STREET ADDRESS 376 LANTERNBAACK ISLAND DR STREET ADDRESS CITY+ST+ZIP SATELLITE BEACH, FL 32927 CITY-ST-ZIP ☐ Delete Chance ☐ Addition TITLE TITLE 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 ☐ Delete ☐ Change ☐ Addition TITLE 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-7IP 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.

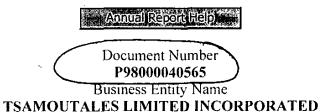
FILED

Daytime Phone #



ATTACHMENT Division of Corporations

Annual Report



- -	
FEI Number	593561656
FEI Number Status	€ Listed Above
Certificate of Status Desired	C Yes € No \$8.75 each
Election Campaign Financing Trust F	fund Contribution C Yes 6 No
. P	rincipal Place of Business
Address	376 LANTERNBACK ISLAND DR.
Suite, Apt. #, etc.	
City, State	SATELLITE BEACH , FL
Zip Code & Count	Tarana managana and tarana managana and tarana managana and tarana and tarana and tarana and tarana and tarana
	Mailing Address
Address	376 LANTERNBACK ISLAND DR.
Suite, Apt. #, etc.	
City, State	SATELLITE BEACH , FL
Zip Code & Count	ry 32937
Name a	and Address of Registered Agent
Name (Last, First, Middle, Title)	ASSENDERP , KENZA , V ,
- OR -	
Business to serve as RA	
Address (PO Box is not accepta	ble) 225 SOUTH ADAMS ST STE 200
Suite, Apt. #. etc.	
City, State	TALLAHASSEE , FL
Zip Code & Country	32301 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of

Division of Corporations

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must be an individual name. If the RA is a business

registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title	PD
Name (Last, First, Middle, Title)	TSAMOUTALES , FRANK , N ,
- OR - Entity Name to serve as	
Officer/Director	The second secon
Street Address	376 LANTERNBAACK ISLAND DR
City, State	SATELLITE BEACH , FL
Zip Code & Country	32927
l'itle	VTS
Name (Last, First, Middle, Title)	TSAMOUTALES KIM ,H
- OR ÷	
Entity Name to serve as Officer/Director	
Street Address	376 LANTERNBAACK ISLAND DR
City, State	SATELLITE BEACH , FL
Zip Code & Country	32927
Title	
Name (Last, First, Middle, Title)	
- OR -	
Entity Name to serve as Officer/Director	
Street Address	
City, State	,
Zip Code & Country	

Division of Corporations	ATTACHMENT 5002066 Page 3 of 4
Title	#. p48000040165
Name (Last, First, Middle, Title)	
- OR -	
Entity Name to serve as Officer/Director	
Street Address	
City, State	3
Zip Code & Country	
Title	
Name (Last, First, Middle, Title)	, , , , , , , , , , , , , , , , , , ,
- OR -	
Entity Name to serve as Officer/Director	
Street Address	
City, State	- Parameter and the contract of the contract o
Zip Code & Country	
Title	
Name (Last, First, Middle, Title)	
- OR -	
Entity Name to serve as Officer/Director	
Street Address	
City, State	,
Zip Code & Country	
entity named above mu Signature' block below. block. Title Officer/Director Signat	
This signature must be that of the	individual "kigning" this document electronically or be

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

