

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jul 06, 2006  
Secretary of State**

DOCUMENT# P98000069446

Entity Name: T.A. ENTERPRISES OF PALM BEACH, INC.

**Current Principal Place of Business:**

18852 43RD ROAD NORTH  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

**Current Mailing Address:**

18852 43RD ROAD NORTH  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

FEI Number: 65-0858007      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ALLEN, TERRY  
18852 43RD ROAD NORTH  
LOXAHATCHEE, FL 33470      US

**Name and Address of New Registered Agent:**

ALLEN, BARBARA E  
18852 43RD ROAD NORTH  
LOXAHATCHEE, FL 33470      US

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.

SIGNATURE: BARBARA E. ALLEN      07/06/2006  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title:            S            ( ) Delete  
Name:            ALLEN, BARBARA E  
Address:        18852 43RD ROAD NORTH  
City-St-Zip:    LOXAHATCHEE, FL 33470

Title:            P            ( ) Delete  
Name:            ALLEN, TERRY P  
Address:        18852 43RD ROAD NORTH  
City-St-Zip:    LOXAHATCHEE, FL 33470

Title:                            ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:                            ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            P            (X) Change ( ) Addition  
Name:            ALLEN, BARBARA E  
Address:        18852 43RD ROAD NORTH  
City-St-Zip:    LOXAHATCHEE, FL 33470

Title:            VP            (X) Change ( ) Addition  
Name:            ALLEN, TERRY P  
Address:        18852 43RD ROAD NORTH  
City-St-Zip:    LOXAHATCHEE, FL 33470

Title:            S            ( ) Change (X) Addition  
Name:            ALLEN, BARBARA E  
Address:        18852 43RD ROAD NORTH  
City-St-Zip:    LOXAHATCHEE, FL 33470

Title:            T            ( ) Change (X) Addition  
Name:            ALLEN, BARBARA E  
Address:        18852 43RD ROAD NORTH  
City-St-Zip:    LOXAHATCHEE, FL 33470

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA E. ALLEN      P      07/06/2006  
Electronic Signature of Signing Officer or Director      Date