2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S22797

City-St-Zip:

EASTPOINT, FL 32328 US

FILED Feb 21, 2006 Secretary of State

Entity Name: TUPLIN E	ENTERPRISES, INC.			
Current Principal Place of Business:		New Principal Place of Business:		
48 ISLAND DR. EASTPOINT, FL 32328	US			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
48 ISLAND DR. EASTPOINT, FL 32328	US			
FEI Number: 59-3046796	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
SANDERS, BARBARA 80 MARKET ST APALACHICOLA, FL 32:	320 US			
The above named entity s in the State of Florida.	submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				
Electror	ic Signature of Registered Age	ent	Date	
Election Campaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: P () Name: TUPLIN, DAVID	Delete	Title: P Name: TUPLIN. DAV	(X) Change ()Addition ID.	

625 OAK WOOD TRAIL 625 OAK WOOD TRAIL N. Address: Address: City-St-Zip: CRAWFORDVILLE, FL 32327 US City-St-Zip: CRAWFORDVILLE, FL 32327 US Title: () Delete Title: (X) Change () Addition TUPLIN, MARGARET EAS, TON TUPLIN, MARGARET EAS, TON Name: Name: Address: 625 OAK WOOD TRAIL Address: 625 OAK WOOD TRAIL N. CRAWFORDVILLE, FL 32327 US CRAWFORDVILLE, FL 32327 US City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition Name: TUPLIN, DAVID W Name: Address: 281 BAY HOLLY COURT Address:

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.

City-St-Zip:

SIGNATURE: DAVID W. TUPLIN V 02/21/2006