

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90058 004 ***163.75

DOCUMENT # K04678

1. Entity Name
 TALQUIN VAULT CO., INC.



Principal Place of Business
 20 TAYLOR CT.
 MIDWAY, FL 32343

Mailing Address
 P.O. BOX 559
 MIDWAY, FL 32343

40001773



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|--|--------------------------------|
| 4. FEI Number 59-2857636 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

STRAUSS, FRED N
 1694 MCCOOK RD.
 QUINCY, FL 32351

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 Fred N. Strauss Fred N. Strauss 1-3-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP STRAUSS, FRED N. 1694 MCCOOK RD. QUINCY, FL 32351 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST STRAUSS, DEANNA 1694 MCCOOK RD. QUINCY, FL 32351 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP STRAUSS, WILLIAM D 5033 HEALTHSTONE TALLAHASSEE, FL 32303 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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] 1-3-07 850-556-7824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #