## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N31615

FILED Apr 09, 2009 Secretary of State

Entity Nam	ie: TARA VEF	RANDAS ONE, INC.				
Current Principal Place of Business:			New Principal Place of Business:			
2180 WEST STATE RD.434						
SUITE 5000 LONGWOO	) DD, FL 327795	5044				
Current Mailing Address:			New Mailing Address:			
SUITE 5000	STATE RD.4: ) )D, FL 327795					
FEI Number:	65-0125428	FEI Number Applied For ( )	FEI Number Not Appli	cable ( )	Certificate of Status Des	ired ( )
Name and	Address of Cu	urrent Registered Agent:	Name and	Address of N	lew Registered Agent	::
2180 WEST	IES W JR ANAGEMENT FSR 434 SUITI DD, FL 327795	E 5000				
The above in the State	named entity si of Florida.	ubmits this statement for the pu	rpose of changing it	s registered o	ffice or registered ager	nt, or both,
SIGNATUR						
	Electroni	c Signature of Registered Agen	t		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD ( ) I SENECHAL, FER 6807 STONE RIV BRADENTON, FI	/ER RD #205	Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VPD ( ) I KUNZMAN, TOM 6713 STONE RIV BRADENTON, FI	/ER RD #101	Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip: Title:	WARD, WILLIAM 116 SAXONY RE PITTSBURGH, P	O A 15241	Title: Name: Address: City-St-Zip: Title:	WARD, WILLIA 116 SAXONY D PITTSBURGH, I	PR PA 15241	
Name: Address: City-St-Zip:	TSD () I MUSSER, RAND 6713 STONE RIV BRADENTON, FI	/ER RD #205	Name: Name: Address: City-St-Zip:	()	Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FERNAND SENECHAL PD 04/09/2009