

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000068395

Entity Name: TAYLOR-RAE, INC.

FILED
Apr 22, 2009
Secretary of State

Current Principal Place of Business:

528 CAPISTRANO RD
NOKOMIS, FL 34275

New Principal Place of Business:

Current Mailing Address:

P O BOX 1643
NOKOMIS, FL 342741643

New Mailing Address:

FEI Number: 65-0769432 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOGARTH, RONALD
200 CAPE ISLES BLVD., STE 2
VENICE, FL 34292 US

Name and Address of New Registered Agent:

CAPASSO, DAVID
528 CAPISTRANO RD
NOKOMIS, FL 34275 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: DAVID CAPASSO 04/22/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: CAPASSO, DAVID
Address: 528 CAPISTRANO RD
City-St-Zip: NOKOMIS, FL 34275

Title: VS () Delete
Name: CAPASSO, K. LISA
Address: 528 CAPISTRANO RD
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID CAPASSO PRES 04/22/2009

Electronic Signature of Signing Officer or Director Date