2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 06, 2007 8:00 am Secretary of State

DOCUI 1. Entity Nam TAT CO.	MENT # 155430				02-06-2007 90	0006 026 ***150.	00
Principal Place of Business 53 SHORELAND DR. KEY LARGO, FL 33037 Mailing Address 53 SHORELAND DR. KEY LARGO, FL 33037				άθθασοι∼			
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address					
Suite, Apt. #, etc.		183 Old Suite, Apt. #, etc.	Hillside LA		1181 5144 51656 1914 5411		IBEI II IBBI
City & State		City & State		01192007 4. FEI Number	Chg-P	CR2E034 (12/06)	plied For
<u> </u>		FlatRock,	NC	65-0847	202	Not	t Applicable
Žip	Country	2็ชา31	Country	5. Certificate of	Status Desired	\$8.75 Add	
	6. Name and Address of Current	Registered Agent	Name _		ddress of New Re		
TAYLOR, MARLENE T. 53 SHORELAND DRIVE				oud 45 J ss (P.O. Box Number			
RET LARGO, FL 33037							
			City D. I	1.te 20: 4 Beach	GARDERS	FL Zin Rota	16
8. The above	named entity submits this statement for	or the purpose of changing its re	egistered office or regis				and accept
the obligations of registered agent. SIGNATURE Daulo J. S. Do VG As T. Sawdus Esq. 1/25/2007 Signature, typed printed name of rigistered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE							
 _	Signature, typed of printed name of registered agent	and title if applicable. (NOTE F	Registered Agent signature requ	uired when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees							
10.	OFFICERS AND		11.	ADDITIONS/C	HANGES TO OFFI	CERS AND DIRECTORS	
TITLE NAME	PSD TAYLOR, MARLENE T	☐ Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS CHY-ST-ZIP	53 SHORELAND DR. KEY LARGO, FL 33037		STREET ADDRESS				
TITLE			CITY-ST-ZIP				
NAME		☐ Dølete	CITY-ST-ZIP			☐ Change	Addition
STREET ADDRESS		☐ Delete	CITY-ST-ZIP	914.		☐ Change	Addition
STREET ADDRESS CITY - ST - ZIP			CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				
		□ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Change	Addition
TITLE NAME STREET ADDRESS			CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				
CITY-SI-ZIP TITLE NAME		□ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				
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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 MULLE JOHN MARLENE TTAYLOR 22-07 305619-0179