2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

indicated on this report or supplement of the corporation or the receiver of if changed, or on an attachment with

SIGNATURE:

Apr 24, 2006 8:00 am Secretary of State **DOCUMENT # 605719** 1. Entity Name 04-24-2006 90418 050 ***150.00 ROD TAYLOR, P.A. Principal Place of Business Mailing Address P.O. BOX 577 GOTHA FL 34734 3. Mailing Address Suite Ant # 1st MOORE CR2E034 (10/05) City & State Applied For City & State 4. FEI Number 59-1868307 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent 6. Name and Address of/Current Registered Agent 37 N\ORANGE 8. The above named entity submits this statemen prose 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, typed or printed name of n (NOTE: Registered Agent signature required when reinstating) oplicatile FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Addition Delete NAME TAYLOR, ROD NAME 37 N ORANGE AVE SUITE 210 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ORLANDO FL 32801 TITLE Delete ■ Addition TITLE NAME MAKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defetè TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP THLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information th this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

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 powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

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