

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F78714

FILED
Aug 09, 2007
Secretary of State**Entity Name:** TAYLOR SOFT-SERVE REFRIGERATION, INC.**Current Principal Place of Business:**853 WATERWAY PL
STE 101
LONGWOOD, FL 32750 US**New Principal Place of Business:**105 CANDACE DRIVE
SUITE 117
MAITLAND, FL 32751 US**Current Mailing Address:**853 WATERWAY PL
STE 101
LONGWOOD, FL 32750 US**New Mailing Address:**105 CANDACE DRIVE
SUITE 117
MAITLAND, FL 32751 US**FEI Number:** 59-2193021**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**VALERI, BRUNO
1100 S ORLANDO AVE.
STE. 702
MAITLAND, FL 32751 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** DP () Delete
Name: VALERI, BRUNO,
Address: 1100 S. ORLANDO AVE, SUITE 702
City-St-Zip: MAITLAND, FL 32751**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D () Change (X) Addition
Name: POSEY, JAMES B
Address: 105 CANDACE DRIVE, SUITE 117
City-St-Zip: MAITLAND, FL 32751

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: BRUNO VALERI

DP

08/09/2007

Electronic Signature of Signing Officer or Director_____
Date