

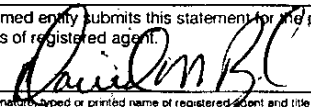


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90027 016 ***150.00

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|--|---|---|--|--|--|
| DOCUMENT # J46129 1. Entity Name MASTELLER, MOLER, REED & TAYLOR, INC. | | | |  | |
| Principal Place of Business 1655 27TH STREET SUITE 2 VERO BEACH, FL 32960 | | | Mailing Address 1655 27 STREET SUITE 2 VERO BEACH, FL 32960 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Zip Country | | City & State Zip Country | | 4. FEI Number 59-2745954 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| <div style="display: flex; justify-content: space-between;"> 07072008 Chg-P CR2E034 (12/06)  </div> | | | | | |
| 6. Name and Address of Current Registered Agent REED, ROD L 1655 27 STREET SUITE 2 VERO BEACH, FL 32960 | | | 7. Name and Address of New Registered Agent Name DAVID M. TAYLOR Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DAVID M. TAYLOR, President 7/8/08 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when terminating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV MASTELLER, EARL H. 869 ROBIN LANE SEBASTIAN, FL | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP REED, RODNEY LYNN 781 GOSSAMER WING WAY SEBASTIAN, FL 32968 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS MOLER, STEPHEN E 336 EGRET LANE VERO BEACH, FL 32963 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVT TAYLOR, DAVID M 1225 26TH AVENUE VERO BEACH, FL 32960 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV 2166 FALLS CIRCLE VERO BEACH, FL 32967 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPT | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> | | | | |
| 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 another like empowered. | | | | | |
| SIGNATURE:  DAVID M. TAYLOR 7/8/08 772 564 8050 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |