
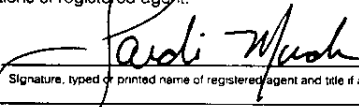



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90088 043 \*\*\*\*61.25

<b>DOCUMENT # N98000005462</b> 1. Entity Name <b>TARU GARDENS, INC.</b>					
Principal Place of Business <b>1105 N FEDERAL HWY</b> <b>BOYNTON BEACH, FL 33435 US</b>			Mailing Address <b>1105 N FEDERAL HWY</b> <b>BOYNTON BEACH, FL 33435 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>205 Ranchitos Rd</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Taos Nm</b>			
Zip	Country	Zip <b>87571</b>	Country <b>USA</b>		
4. FEI Number <b>52-2128954</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>WINTZER, WILLIAM R</b> <b>1105 N FEDERAL HWY</b> <b>BOYNTON BEACH, FL 33435</b>			7. Name and Address of New Registered Agent  Name <b>Sandi Morick</b> Street Address (P.O. Box Number is Not Acceptable) <b>1105 N. Federal Hwy</b> City <b>Boynton Beach</b> FL <b>33435</b>		
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  <span style="float: right;">3/20/07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>GOODYEAR, KIM</b> <b>125 LA POSTA RD</b> <b>TAOS, NM 87571</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>AT</b> <b>WINTZER, WILLIAM R</b> <b>1105 N FEDERAL HWY</b> <b>BOYNTON BEACH, FL 33435</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>BECKER, LAURA</b> <b>125 LA POSTA RD.</b> <b>TAOS, NM 87571</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>WORRELL, THOMAS JR</b> <b>1105 N FEDERAL HWY</b> <b>BOYNTON BEACH, FL 33435</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 617, 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.					
<b>SIGNATURE:</b> 			<b>3-15-07</b> <b>505-758-5090</b> <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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02162007 Chg-NP CR2E037 (12/06)