


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 MAY 11 PM 12:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                       |  |                                                                                   |
|---------------------------------------|--|-----------------------------------------------------------------------------------|
| DOCUMENT # P00000062567               |  |  |
| 1. Entity Name<br>TAUB EQUITIES, INC. |  |                                                                                   |

|                                                                                   |                                                             |
|-----------------------------------------------------------------------------------|-------------------------------------------------------------|
| Principal Place of Business<br>2905 BAYSHORE BLVD<br>SUITE 202<br>TAMPA, FL 33629 | Mailing Address<br>4320 S. MANHATTAN AVE<br>TAMPA, FL 33611 |
|-----------------------------------------------------------------------------------|-------------------------------------------------------------|

|                                                |                                            |
|------------------------------------------------|--------------------------------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address<br>4352 S MANHATTAN AVE |
|------------------------------------------------|--------------------------------------------|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|                          |                          |
|--------------------------|--------------------------|
| City & State<br>TAMPA FL | City & State<br>TAMPA FL |
|--------------------------|--------------------------|

|              |                |
|--------------|----------------|
| Zip<br>33611 | Country<br>USA |
|--------------|----------------|



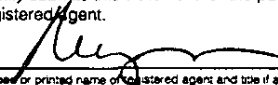
04102007 Chg-P CR2E034 (12/06)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-3655864 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----------------------------------------------------------|--------------------------------|

|                                                                                                                   |  |
|-------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><br>LYNN, ROBERT J<br>4320 S. MANHATTAN AVE<br>TAMPA, FL 33611 |  |
|-------------------------------------------------------------------------------------------------------------------|--|

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 7. Name and Address of New Registered Agent<br>Name ROBERT J LYNN<br>Street Address (P.O. Box Number is Not Acceptable)<br>4352 S. MANHATTAN AVE<br>City TAMPA FL Zip Code 33611 |  |
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| 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.<br>SIGNATURE  DATE 4/10/07<br><small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |  |
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|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                               | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                 |
|------------------------------------------------|-----------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LYNN, ROBERT J<br>4927 S. MELROSE AVE<br>TAMPA, FL 33629 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | 200103527952<br>05/30/07--01032--001 **200.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |

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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. |  |
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| SIGNATURE:  | DATE 4/10/07 | DAYTIME PHONE # 813/831-4500 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>              |              |                              |

5/11/07