2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 13, 2008 08:00 A Secretary of State **DOCUMENT # P00000067047** 1. Entity Name TARAN, INC. Principal Place of Business Mailing Address 1204 S ATLANTIC AVE 1204 S ATLANTIC AVE DAYTONA BEACH, FL 32118 DAYTONA BEACH, FL 32118 No Chg-P CR2E034 (11/05) 03102008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3657485 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CAMBOW, BHUPINDER S DO NOT WRITE 1204 S ATLANTIC AVE DAYTONA BEACH, FL 32118 IN THIS SPACE 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. Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE CAMBOW, BHUPINDER \$ NAME STREET ADDRESS 1204 S ATLANTIC AVE CITY-ST-ZIP DAYTONA BEACH, FL 32118 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME : STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

N-10.08

Date

Daytime Phone #

FILED