


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90276 042 \*\*\*150.00

<b>DOCUMENT # P01000015714</b>	
1. Entity Name <b>TAURUS LEASING, INC.</b>	

Principal Place of Business <b>701 US HIGHWAY ONE SUITE 402 NORTH PALM BEACH, FL 33408</b>	Mailing Address <b>701 US HIGHWAY ONE SUITE 402 NORTH PALM BEACH, FL 33408</b>
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**66419726**



2. Principal Place of Business <b>741 Anchorage Drive</b>	3. Mailing Address <b>P.O. Box 14638</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

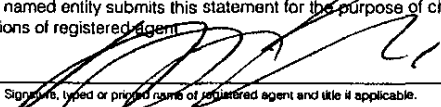
03182004 Chg-P CR2E034 (10/03)

City & State <b>North Palm Beach, FL</b>	City & State <b>North Palm Beach, FL</b>
Zip <b>33408</b>	Country <b>USA</b>
Zip <b>33408</b>	Country <b>USA</b>

4. FEI Number <b>65-1157760</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

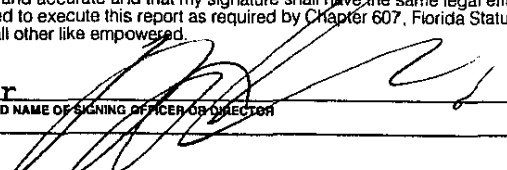
6. Name and Address of Current Registered Agent  <b>SMITH, LAWRENCE W 701 US HIGHWAY ONE SUITE 402 NORTH PALM BEACH, FL 33408</b>	
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7. Name and Address of New Registered Agent Name <b>Wayne Creber</b> Street Address (P.O. Box Number is Not Acceptable) <b>741 Anchorage Drive</b> City <b>North Palm Beach, FL</b> Zip Code <b>33408</b>	
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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.	
SIGNATURE: 	DATE: _____

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DYLE, KARL 701 US HIGHWAY ONE SUITE 402 NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Dyle, Karl 181 Fisherman Way Jupiter, FL 33477 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CREBER, WAYNE 701 US HIGHWAY ONE SUITE 402 NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Creber, Wayne 741 Anchorage Drive North Palm Beach, FL 33408 <input checked="" 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	Treasure Dyle, Dan 181 Fisherman Way Jupiter, FL 33477 <input type="checkbox"/> Change <input checked="" 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
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 exemption stated in Section 119.07(3)(i), 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.	
SIGNATURE: <b>Wayne A. Creber</b> 	Date: <b>4/13/04</b> Daytime Phone #: <b>371-7977</b>