
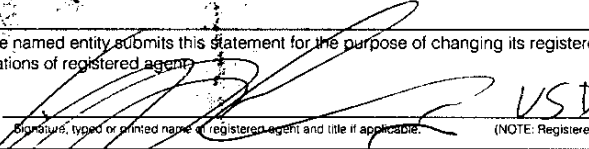
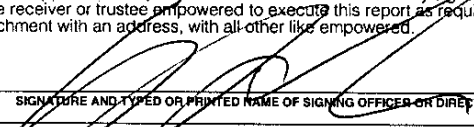


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90117 024 \*\*\*150.00

<b>DOCUMENT # P01000015714</b>					
<b>1. Entity Name</b> TAURUS LEASING, INC.					
<b>Principal Place of Business</b> 741 ANCHORAGE DRIVE NORTH PALM BEACH, FL 33408			<b>Mailing Address</b> PO BOX 14638 NORTH PALM BEACH, FL 33408		
<b>2. Principal Place of Business</b> 8257 Needles Drive Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
<b>City &amp; State</b> Palm Beach Gardens, FL Zip: 33418 Country: USA		<b>City &amp; State</b> Zip: Country:		<b>4. FEI Number</b> 03312005 Chg-P CR2E034 (10/03) 65-1157760	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b> CREBER, WAYNE 741 ANCHORAGE DRIVE NORTH PALM BEACH, FL 33408			<b>7. Name and Address of New Registered Agent</b> Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ FL Zip Code: _____		
<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.</b> SIGNATURE:  <b>USD</b> DATE: <b>3/31/05</b> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PD <b>NAME</b> DYLE, KARL <b>STREET ADDRESS</b> 181 FISHERMAN WAY <b>CITY-ST-ZIP</b> JUPITER, FL 33477	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VSD <b>NAME</b> CREBER, WAYNE <b>STREET ADDRESS</b> 741 ANCHORAGE DRIVE <b>CITY-ST-ZIP</b> NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b> 8257 Needles Drive <b>CITY-ST-ZIP</b> Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> DYLE, DAN <b>STREET ADDRESS</b> 181 FISHERMAN WAY <b>CITY-ST-ZIP</b> JUPITER, FL 33477	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> 			Signature and Typed or Printed Name of Signing Officer or Director: <b>Wayne Creber</b> Date: <b>3/31/05</b> Daytime Phone #: <b>561 371-7977</b>		