2007 FOR PROFIT CORPORATION

May 01, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P01000091326** 03-26-2007 90073 004 ***150.00 TASKMASTERS OF CITRUS COUNTY, INC. Principal Place of Business Mailing Address 1 W. MURRAY STREET P.O. BOX 640517 66012275 **BEVERLY HILLS, FL 34465 BEVERLY HILLS, FL 34465** No Chg-P CR2E034 (11/05) 03142007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3752295 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CASTRO, JOHN PHILLIP DO NOT WRITE 2389 S. SUMMERWOOD POINT INVERNESS, FL 34450 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE CASTRO, JOHN PHILLIP NAME STREET ADDRESS 2389 S. SUMMERWOOD POINT CITY-ST-ZIP INVERNESS, FL 34450 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 ШΕ STREET ADDRESS CITY-ST-ZIP TITLE

FILED

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.

CICNATUDE.

NAME STREET ADDRESS CITY-ST-ZIP

> JoHNP. CASTAO PRES.