2006 FOR PROFIT CORPORATION

FILED Apr 07, 2006 08:00 AM Secretary of State

ANNUAL KEPURI					,	Secretary of State			
DOCUMENT # P02000127841						Secreta	ary or s	State	
	TAKER, INC.								
152 WHITAKER RD		eiling Address 52 WHITAKER RD UTZ, FL 33549		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
				-	04032006	No Chg-P	CR2E034		
DO NOT WRITE IN THIS SPA				ACE	4. FEI Numb	er 54738	œp.	Applied For Not Applicable 75 Additional	
					5. Certificate	of Status Desired	Fee	Required	
	6. Name and Addre	s of Current Regis	tered Agent	_	-		• •		
SARABIA, GARY 1247 KAYAK COVE LUTZ, FL 33559				w. 72		NOT W		-	
}				1	, A P. W.				
8. The above the obligated SIGNATURE	tions of registered agent.		ourpose of changing its regist	ered affice or regis	stered agent, or bo	oth, in the State of Fi	. <u>.</u>	liar with, and accep	
	Signature, typed or printed name	ol registered agent and title	if applicable (NOTE: Regist	Gred Agent signature requ	rited when reinstating)		DATE		
FILE NOWILL FEE IS \$150.00 9. Election Campaign Final After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.					5.00 May Be Added to Fees				
10.		FICERS AND DIRE	CTORS			<u> </u>			
TITLE NAME SIBELT ADDRESS CITY-ST-ZIP	PD SARABIA, GARY 1247 KAYAK COVE	-				·····	~	-·	
TITLE NAME SIREET ADDRESS GITY-ST-ZIP	VPD BRITT, JAMES D 2109 BAYSHORE B TAMPA, FL 33608	LVD		-		999999 - 99/22/96	0496514 -80015-01	.8 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					DO	NOT W	/RITE	 .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE					
MIE	}								

12. Thereby 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.

SIGNATURE

STREET ADDRESS CITY-ST-ZIP TUTLE NAME STREET ADDRESS

STRANGE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/06

(813) 948-2274

Daytime Phone I