

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90175 050 ***158.75

DOCUMENT # P04000014994 1. Entity Name TAYTER TECHNICAL SOLUTIONS, INC.					
Principal Place of Business 505 SHORE ROAD NOKOMIS, FL 34275			Mailing Address 505 SHORE ROAD NOKOMIS, FL 34275		
2. Principal Place of Business 3781 BARBARY LANE			3. Mailing Address 8522 SO. PINE POINT DR.		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State NORTH PORT, FL		City & State NEWAYGO, MI		4. FEI Number 36-4546607	
Zip 34287		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TAYTER, BORIS 505 SHORE ROAD NOKOMIS, FL 34275		7. Name and Address of New Registered Agent Name MAYA TAYTER Street Address (P.O. Box Number is Not Acceptable) 3781 BARBARY LANE City NORTH PORT FL Zip Code 34287			
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 <u><i>Maya Tayter</i></u> DATE <u>4/4/2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAYTER, BORIS 505 SHORE ROAD NOKOMIS, FL 34275	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP TAYTER, MAYA 3781 BARBARY LANE NORTH PORT, FL 34287			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: <u><i>Maya Tayter</i></u> DATE <u>4/4/2005</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					