2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Aug 05, 2005 8:00 am Secretary of State DOCUMENT # P04000022894 08-05-2005 90003 010 ***558 75 TAYLOR ASSETS, INC. Principal Place of Business Mailing Address 50060141 884 SILVERSMITH COURT 884 SILVERSMITH COURT LAKE MARY, FL 32746 LAKE MARY, FL 32746 2. Principal Place of Business 3. Mailing Address 884 Silversmith court 884 Silversmith court 08012005 Chg-P CR2E034 (10/03) City & State Lake Mary, FL Applied For City & State 4. FEI Number Lake Mary, FL 81.0643052 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 32746 32746 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Christian Stolz STOLZ, CHRISTIAN Street Address (P.O. Box Number is Not Acceptable) 884 SILVERSMITH COURT LAKE MARY, FL 32746 884 Silver Smith Court City Lake Mary Zig Cogeu6 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 age 8-1-05 DATE SIGNATURE. Signature, typed or printed name (NOTE; Repristered Agent signature required when reinstating FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Due by September 7, 2005 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DCEO TITLE ☐ Delete IME Addition ☐ Change STOLZ, CHRISTIAN NAME NAME STREET ADDRESS 884 SILVERSMITH COURT STREET ADDRESS CITY-ST-ZIP LAKE MARY, FL 32746 CTTY-ST-ZIP TVS IIILE ☐ Delete TITLE ☐ Change ■ Addition STOLZ, CHRISTIAN NAME NAME STREET ADDRESS 884 SILVERSMITH COURT STREET ADDRESS CITY-ST-ZIP LAKE MARY, FL 32746 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-782 CITY-ST-20 IIILE ☐ Detete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filting 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: TAME OF BIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PR Daytine Phone

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