2005 FOR PROFIT CORPORATION

Apr 15, 2005 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P04000040442** 04-15-2005 90079 011 ***150.00 1. Entity Name TAYLOR MADE CONSTRUCTION, INC. Principal Place of Business Mailing Address 1107 4TH ST 1107 4TH ST PT ORANGE, FL 32129 PT ORANGE, FL 32129 2. Principal Place of Business 3. Mailing Address Place Place 413 Oak 413 Oak Suite, Apt. #, etc Suite, Apt. #, etc 01122005 CR2E034 (10/03) Cha-P 6-0 City & State 4. FEI Number Applied For 56-2468828 Not Applicable Zip 32127 \$8.75 Additional Country 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TAYLOR, MICHAEL W Street Address (P.O. Box Number is Not Acceptable) 1107 4TH ST PT ORANGE, FL 32129 City Zip Code 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. (NOTE: Registered Agent signature required when reinstating) and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. \Box Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11, D TITLE ☐ Delete TITLE ☐ Change ☐ Addition TAYLOR, MICHAEL W NAME NAME STREET ADDRESS 1107 4TH ST STREET ADDRESS PT ORANGE, FL 32129 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7F CITY-ST-7IP TITLE ☐ Delete Addition TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 than a direct sample.

NG OFFICER OR DIRECTOR

4-11-05

Davlime Phone #

FILED