2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2007 8:00 am Secretary of State

DOCUMENT # P05000045411 1. Entity Name JAMES TAZ, INC.						4 N II V II	04-26-2007 S	90228 0	07 ***150	.00
Principal Place of Business 4460 CAPRON ROAD			ailing Address 1460 CAPRON ROAD			40084				
TITUSVILLE, I	FL 32780 US	1	TITUSVILLE, FL 32780) U\$. *) (00):===((*)		rd 68111 6:444	eriet BIBGO IIA VI	1 26 : 21 (***)
2. Principal Place of Business - No P.O. Box #		3.	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03292007	Chg-P	CR2E	034 (12/06)	
City & State			City & State			4. FEI Number 20-258		_		plied For t Applicable
Zip	Country		Zip	Country	y	5. Certificate	of Status Desired		\$8.75 Add	
6. Name and Address of Current			stered Agent	_	Name	7. Name and	Address of New F	Registered	Agent	
LINOGON, LINDA S				-		P.O. Box Numb	er is Not Acceptable	0)	_ 	
4460 CAPRON ROAD TITUSVILLE, FL 32780				-	Bliedt Modiess (er is Not Acceptable			
				-	City			FI	Zip Cod	
8. The above named entity submits this statement for the purpose of changing its registere the obligations of registered agent.					d office or registe	red agent, or bo	th, in the State of Fl			and accept
SIGNATURE	, , ,	nistered spent and title	if applicable (NOT	E: Desirated A	Agent signsture require	d when reinstation		DATE		
FIL	E NOWIII FEE IS \$15	60.00	9. Election Campa Trust Fund Con	aign Financ	ing _ \$5	.00 May Be		-		
10.	ay 1, 2007 Fee will b	CERS AND DIRE		11.			CHANGES TO OFF	CERS AN	D DIRECTOR	S IN 11
TITLE	Р	SENO AND BINE	□ Delete	TITLE		ADDITIONO	OTIVITATE TO OTI	IOLIIO AIV	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	‡				ADDRESS ST-ZIP					
TITLE	VP		☐ Delete	TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	4460 CAPRON ROAD s			NAME Street City-s	T ADDRESS ST-ZIP					
TITLE	VP	<u> </u>	☐ Delete	TITLE			- ,,,,,,	 ·	☐ Change	Addition
NAME STREET ADDRESS	ss 4460 CAPRON ROAD s				ADDRESS					
CITY-ST-ZIP	TITUSVILLE, FL 3278	<u> </u>	Delete	CITY-S TITLE	ST-ZIP				Change	Addition
NAME	f		_ below		1					
				NAME						
STREET ADDRESS CITY-ST-ZIP					T ADORESS ST-ZIP			-		
CITY-ST-ZIP TITLE			□ Delete	STREET CITY-S TITLE				7. ·	☐ Change	Addition
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CITY-SI-ZIP IITLE NAME SIREET ADDRESS CITY-SI-ZIP TIILE NAME SIREET ADDRESS CITY-SI-ZIP 12. I hereby	certify that the information sit on this report or supplement	upplied with this	☐ Delete	STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S for the exer	I ADDRESS ST-ZIP I ADDRESS ST-ZIP I ADDRESS ST-ZIP I ADDRESS ST-ZIP	d in Chapter 11 same logal effe	9, Ftorida Statutes. ct as if made under	I further or cath; that	☐ Change	Addition Addition
CITY-SI-ZIP IITLE NAME SIREET ADDRESS CITY-SI-ZIP TIILE NAME SIREET ADDRESS CITY-SI-ZIP 12. I hereby	on this report or supplement or the receiver or the receiver or the receiver with a contract w	upplied with this stal/report is true rustee empower naddress; with a	☐ Delete	STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S for the exer	I ADDRESS ST-ZIP I ADDRESS ST-ZIP I ADDRESS ST-ZIP I ADDRESS ST-ZIP	same legal elle 17, Florida Statut /	9, Ftorida Statutes. ct as if made under es; and that my nan	ne appears	Change	Addition Addition