
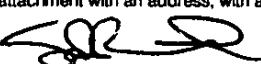


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90101 003 ***150.00

DOCUMENT # P06000060524					
1. Entity Name TACAS HOLDINGS, INC.					
Principal Place of Business 1413 SE VILLAGE GREEN DRIVE PORT ST LUCIE, FL 34952			Mailing Address 1413 SE VILLAGE GREEN DRIVE PORT ST LUCIE, FL 34952		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent RAIMONDI, SALVATORE R 1413 SE VILLAGE GREEN DRIVE PORT ST LUCIE, FL 34952					
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
State FL 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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 VP, T	NAME RAIMONDI, SALVATORE R <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1413 SE VILLAGE GREEN DRIVE	CITY-ST-ZIP PORT ST LUCIE, FL 34952		STREET ADDRESS	CITY-ST-ZIP	
TITLE P, S	NAME CORONA, ANTHONY J <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1413 SE VILLAGE GREEN DRIVE	CITY-ST-ZIP PORT ST LUCIE, FL 34952		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
12. I hereby 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: 			2/1/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					