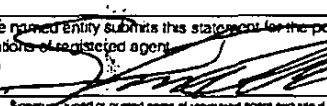


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 27, 2008 8:00 am
Secretary of State

4/

04-22-2008 90021 006 ***150.00

DOCUMENT # P06000140132		
1. Entity Name TAUREAN TRAVEL, INC.		
Principal Place of Business 6675 OLD RANCH ROAD SARASOTA, FL 34241	Mailing Address 6675 OLD RANCH ROAD SARASOTA, FL 34241	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LAUDENSLAGER, JOHN P 1029 DELACROIX CIRCLE NOKOMIS, FL 34275		DO NOT WRITE IN THIS SPACE
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:  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)		DATE: 2/8/08
FILE NOW! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RHODUS, SHAWN 6675 OLD RANCH ROAD SARASOTA, FL 34241	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: 5/18/08 DAYTIME PHONE: 941-915-0490

66012327



02082008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-5840977	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	