

CPA FIRMS...

ID:904-3746645

AF

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT****FILED**  
**May 28, 2008 8:00 am**  
**Secretary of State**

05-28-2008 90014 021 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                            |                                                                                     |                                                                            |                                                                                                                                      |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P07000023313</b><br>1. Entity Name<br><b>TAZ ENTERPRISES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            |                                                                                     |                                                                            |                                                     |  |
| Principal Place of Business<br><b>6202 KINGSLEY LAKE DRIVE<br/>STARKE, FL 32091 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            |                                                                                     | Mailing Address<br><b>6202 KINGSLEY LAKE DRIVE<br/>STARKE, FL 32091 US</b> |                                                                                                                                      |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            |                                                                                     | 3. Mailing Address<br>Suite, Apt. #, etc.                                  |                                                                                                                                      |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                            |                                                                                     | City & State                                                               |                                                                                                                                      |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                            | Country                                                                             |                                                                            | 4. FEI Number<br><b>20-8539852</b>                                                                                                   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                     |                                                                            | Applied For<br>Not Applicable                                                                                                        |  |
| 6. Name and Address of Current Registered Agent<br><b>STRICKLAND, THOMAS A<br/>6202 KINGSLEY LAKE DRIVE<br/>STARKE, FL 32091</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            |                                                                                     |                                                                            | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reappointing)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                            |                                                                                     |                                                                            |                                                                                                                                      |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                            | <b>\$5.00 May Be<br/>Added to Fees</b>                                                                                               |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                            |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>               |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PD<br>STRICKLAND, THOMAS A<br>6202 KINGSLEY LAKE DRIVE<br>STARKE, FL 32091 | <input type="checkbox"/> Delete                                                     |                                                                            |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | S<br>STRICKLAND, THOMAS A<br>6202 KINGSLEY LAKE DRIVE<br>STARKE, FL 32091  | <input type="checkbox"/> Delete                                                     |                                                                            |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            | <input type="checkbox"/> Delete                                                     |                                                                            |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            | <input type="checkbox"/> Delete                                                     |                                                                            |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            | <input type="checkbox"/> Delete                                                     |                                                                            |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            | <input type="checkbox"/> Delete                                                     |                                                                            |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            | <input type="checkbox"/> Delete                                                     |                                                                            |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            | <input type="checkbox"/> Delete                                                     |                                                                            |                                                                                                                                      |  |
| 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. |                                                                            |                                                                                     |                                                                            |                                                                                                                                      |  |
| <b>SIGNATURE:</b> _____ <b>4-29-08</b> <b>904-509-7178</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                            |                                                                                     |                                                                            |                                                                                                                                      |  |

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