2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P93000011681 03-01-2007 90003 042 ***158 75 TAYLORMADE CREATIONS, INC. Principal Place of Business Mailing Address 6790 EDGEWATER COMMERCE PARKWAY 6790 EDGEWATER CO ORLANDO, FL 32810 ORLANDO, FL 3281 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country 6. Name and Address of Current Registered Agent HOOPER, FRANKLIN 1 EAST LAUREL STREET APOPKA, FL 32703 8. The above named entity submits this statement for the purpose of changing the obligations of registered agent 80 A Hoogen SIGNATURE 9. Election Cam FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Co 10. OFFICERS AND DIRECTORS TITLE Delete HOOPER, HEATHER M NAME 6516 EUDAILY-COVINGTON ROAD STREET ADDRESS CITY-ST-ZIP COLLEGE GROVE, TN 37046 IIILE Delete HOOPER, STEVEN A STREET ADDRESS 6518 EUDAILY-COVINGTON ROAD CITY-51-21P-COLLEGE GROVE, TN 37048 TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE Ociete NAME STREET ADORESS CITY-ST-ZIP TITLE Delete NAME STREET ADORESS CITY-ST-ZIP TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS

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

FILED Mar 19, 2007 8:00 am **Secretary of State**

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OMMERCE PARKWAY			66005485				
			02222007 Chg-P CR2E034 (12/06)				
			4. FEI Numbe 59-3165				oplied For at Applicable
T	Country		5. Certificate of Status Desired			\$8.75 Additional Fee Required.	
<u> </u>	7. Name and Address of New Registered Agent						
^	Name HOOPER, STEVEN A.						
	Street A	ddress_(i	P.O. Box Numbe	r is Not Acceptat	ole)		
City SORRE					F	- 22/	
its re	egistered office o	register	ed agent, or boti	n, in the State of I	Porida. I an	n familiar with,	and accept
					2/2	20/07	
OTE.	Registered Agent signat	ure required	when reinstating)		DATE		
-	n Financing oution.		00 May Be ed to Fees				}
	11.		ADDITIONS/	CHANGES TO OF	FICERS AN	ID DIRECTOR	S (N 1)
	STREET ADDRESS 30 /		35 Rain	EY ROAD	•	⊠ Change	Addition
	CITY-ST-ZIP SOR		RENTO, F	32776		.,	
	NAME IT COT		ER.STEVE FRAINEY	ROAD		(Change	Addition
	TITLE	VP	RENTO, FL			Chance	- [XI Addition
	NAME FULT STREET ADDRESS 205		TE STEVEN A WINDHAM HKL ROAD DXVILLE, TN 37934		'0AD		
	TITLE NAME STREET ADDRESS CITY-ST-ZIP				- •	☐ Change	Addition
	TITLE NAME STREET ADDRESS CITY-ST-ZIP					□ Change	Addition
-	TITLE NAME					☐ Change	Addition

2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT DOCUMENT# P93000011681 1. Entity Name AYLORMADE CREATIONS, INC. 6605485 Principal Place of Business Mailing Address 6790 EDGEWATER COMMERCE PARKWAY 6790 EDGEWATER COMMERCE PARKWAY ORLANDO, FL 3281'0 ORLANDO, FL 32810 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 20 J. H. 1841 Suite, Apt. #, etc. Suite, Apt. #, etc. 02222007 Chg-P CR2E034 (12/06) 4. FEI Number Applied For City & State City & State 59-3165744 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HOOPER, STEVEN A. HOOPER, FRANKLIN Street Address (P.O. Box Number is Not Acceptable) 1 EAST LAUREL STREET RAINEY READ APOPKA, FL 32703 City SCRRENTO 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ST Change Addition TITLE ☐ Delete TITLE HOOPER, THE HEATHER HOOPER, HEATHER M NAME NAME 30135 Rainey ROAD STREET ADDRESS 6516 EUDAILY-COVINGTON ROAD STREET ADDRESS SURRENTO, FL 32776 CITY-ST-ZIP COLLEGE GROVE, TN 37046 CITY-ST-ZIP (A) Change Addition ☐ Delete TITLE TITLE HOOPER, STEVEN A. HOOPER, STEVEN A NAME NAME 30135 RAINEY ROAD 6516 EUDAILY-COVINGTON ROAD STREET ADDRESS STREET ADDRESS SORRENTO, FZ 32776 CITY-ST-ZIP CITY-ST-ZIP COLLEGE GROVE, TN 37046 ☐ Delete TITLE Change ☑ Addition TITLE FULTZ STEVEN A. 205 WINDHAM HILL RUAD NAME NAME STREET ADDRESS STREET ADDRESS KNOXVILLE, TN CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Accition TITLE ☐ Detete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Increby 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.

407-557-124°