

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

03-01-2007 90003 042 ***158.75

DOCUMENT # P93000011681 1. Entity Name TAYLORMADE CREATIONS, INC.					
Principal Place of Business 6790 EDGEWATER COMMERCE PARKWAY ORLANDO, FL 32810			Mailing Address 6790 EDGEWATER COMMERCE PARKWAY ORLANDO, FL 32810		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-3165744	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required.				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HOOPER, FRANKLIN 1 EAST LAUREL STREET APOPKA, FL 32703					
7. Name and Address of New Registered Agent Name HOOPER, STEVEN A. Street Address (P.O. Box Number is Not Acceptable) 30135 RAINEY ROAD City SORRENTO FL Zip Code 32776					
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 <u><i>St A Hooper</i></u> DATE 2/26/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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 NAME STREET ADDRESS CITY-STATE-ZIP	ST HOOPER, HEATHER M <input type="checkbox"/> Delete 6516 EUDAILY-COVINGTON ROAD COLLEGE GROVE, TN 37046		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HOOPER, HEATHER HEATHER 30135 RAINEY ROAD SORRENTO, FL 32776	
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition FULTZ, STEVEN A. 205 WINDHAM HILL ROAD KNOXVILLE, TN 37934	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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.

St A Hooper


66005485



02222007 Chg-P CR2E034 (12/06)

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ATTACHMENT

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Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
02222007		Chg-P CR2E034 (12/06)	
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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: SD A Hooper 2/26/07 407-581-1240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date-time Phone #

Attachment

66005485