
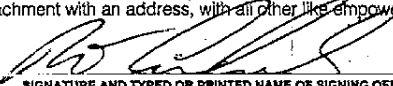


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000077575</b>		
1. Entity Name TAITER MANAGEMENT, INC.		
Principal Place of Business 250 S CENTRAL BLVD SUITE 204 JUPITER, FL 33458 US	Mailing Address 250 S CENTRAL BLVD SUITE 204 JUPITER, FL 33458 US	
<b>DO NOT WRITE IN THIS SPACE</b>		
<b>6. Name and Address of Current Registered Agent</b>		
CAMERLINCK, ROBERT 250 S CENTRAL BLVD SUITE 204 JUPITER, FL 33458		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees <b>01/27/06-80017-012 150.00</b>
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS CAMERLINCK, ROBERT D 250 S CENTRAL BLVD #204 JUPITER, FL 33458	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAMERLINK, TRACY 250 S CENTRAL BLVD #204 JUPITER, FL 33458	
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 changed, or on an attachment with an address, with all other like empowered.		
<b>SIGNATURE:</b> 		1/22/06 561790287 <small>Date Daytime Phone #</small>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01202006 No Chg-P CR2E034 (11/05)  
4. FEI Number 65-0447334 | Applied For  
| Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

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IN THIS SPACE**

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IN THIS SPACE**