## 2008 FOR PROFIT CORPORÁTION ANNUAL REPORT

## FILED Feb 18, 2008 08:00 AN Secretary of State

	ANNUAL	KEPOKI		<b>.</b>	CD 10, 2000 00.
DOCUMENT # P9400006253  1. Entity Name TAYLOR STEELE & ASSOCIATES INC.				Secretary of S	
30 WATER LI	e of Business ILY WAY ZA, CA 92679	Mailing Address 30 WATER LILY WAY COTO DE CAZA, CA 92679			
			*		
П	O NOT WRITE	IN THIS SPA	CF	01202008 No Chg-P	CR2E034 (11/05)
	O NOT WINTE			4. FEI Number 65-0463760	Applied For Not Applicable
	• • • • • • • • • • • • • • • • • • • •			5. Certificate of Status Desired	\$9.75 Additional
	6. Name and Address of Current R	egistered Agent			
8. The above	DOD, FL 33021  named entity submits this statement for those of registered agent	he purpose of changing its register	ed office or register	ed agent, or both, in the State of	
SIGNATURE	Signature, typed or printed name of registered agent and	I tille if applicable (NOTE: Registers	ed Agent signature required	when reinstating)	DAIF.
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Final Trust Fund Contribution.		00 May Be ed to Fees	
10.	OFFICERS AND D	RECTORS	/ <del>-</del> .		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TAYLOR, GLENN 30 WATER LILY WAY COTO DE CAZA, CA 92679				000831042 08-80001-019 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, MARLENE 30 WATER LILY WAY COTO DE CAZA, CA 92679				
TITLE NAME STREET ADDRESS CLLY-ST-ZIP				DO NOT V	WRITE
CITY-ST-ZIP			-	IN THIS S	At the second second second

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 cath; 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:

STREET ADDRESS
CITY-ST-ZIP
THLE
NAME
STREET ADDRESS
CITY-ST-ZIP
THLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP
CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-08 9495896412

Daytime Phone #