


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 22, 2007 08:00 AM
Secretary of State

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| DOCUMENT # P94000017788 1. Entity Name TAPEROLL.COM, INC. |  |
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| Principal Place of Business 1069 MAIN ST SEBASTIAN, FL 32958 US | Mailing Address % P.O. BOX 781390 SEBASTIAN, FL 32978-1390 US |
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02162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 65-0482352 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent LULICH, LINDA C 1069 MAIN STREET SEBASTIAN, FL 32958 | DO NOT WRITE IN THIS SPACE |
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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) DATE: _____
Signature, typed or printed name of registered agent and title if applicable.

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| 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 | 000000644824 03/02/07-80039-005 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LULICH, LINDA 1069 MAIN ST. SEBASTIAN, FL 329781390 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V LULICH, STEVE 1069 MAIN ST SEBASTIAN, FL 32958 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Daytime Phone #: _____