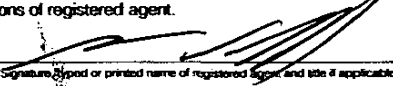


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90046 042 ***150.00

DOCUMENT # P94000055710 1. Entity Name TAKING OFF ENTERPRISES, INC.					
Principal Place of Business 4906 CARLEIGH LN VALRICO, FL 33594 US			Mailing Address 4906 CARLEIGH LN VALRICO, FL 33594 US		
2. Principal Place of Business / No P.O. Box # 1434 Emerald Pines Dr.		3. Mailing Address 1434 Emerald Pines Dr.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		03042008 Chg-P CR2E034 (12/06)	
City & State Sun City Center FL		City & State Sun City Center, FL		4. FEI Number 59-3260989	
Zip 33573		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVIDOFF, RICHARD N 4906 CARLEIGH LANE VALRICO, FL 33594				7. Name and Address of New Registered Agent Name Davidoff, Richard N Street Address (P.O. Box Number is Not Acceptable) 1434 Emerald Pines Dr City Sun City Center FL Zip Code 33573	
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  DATE 3/4/08 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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-ST-ZIP	PRES DAVIDOFF, RICHARD N 4906 CARLEIGH LANE VALRICO, FL 33594	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Davidoff, Richard N 1434 Emerald Pines Dr Sun City Center, FL 33573
☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC DAVIDOFF, ILENE M 4906 CARLEIGH LANE VALRICO, FL 33594	☐ Delete	
☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC Davidoff, Ilene M 1434 Emerald Pines Dr Sun City Center, FL 33573	☐ Change ☐ Addition	
☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 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: 				DATE 3/4/08 DAYTIME PHONE # (813) 610-2016	