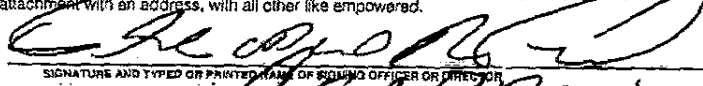


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000094284 1. Entity Name TADCO, INC.						
Principal Place of Business 399 W PALMETTO PARK ROAD SUITE 200 BOCA RATON, FL 33427-2916		Mailing Address 399 W PALMETTO PARK ROAD SUITE 200 BOCA RATON, FL 33427-2916				
DO NOT WRITE IN THIS SPACE						
5. Name and Address of Current Registered Agent TADDEI, THEODORE R 399 W PALMETTO PARK ROAD SUITE 200 BOCA RATON, FL 33427-2916		 04202004 No Chg-P CR2E034 (10/03) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">4. FEI Number 65-0551860</td> <td style="padding: 2px;">Applied For ☐ Not Applicable</td> </tr> <tr> <td colspan="2" style="padding: 2px;"> 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required </td> </tr> </table>	4. FEI Number 65-0551860	Applied For ☐ Not Applicable	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
4. FEI Number 65-0551860	Applied For ☐ Not Applicable					
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required						
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)						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS		DATE 04/26/04-80052-018 150.00				
TITLE	PSTD	DO NOT WRITE IN THIS SPACE				
NAME	TADDEI, THEODORE R					
STREET ADDRESS	399 W PALMETTO PARK ROAD SUITE 200					
CITY-ST-ZIP	BOCA RATON, FL 334272916					
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
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 exemption stated in Section 119.07(3)(f), 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 897, 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						