2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 25, 2005 8:00 am Secretary of State **DOCUMENT # P98000034998** 04-25-2005 90284 029 ***150.00 THE TAPER GROUP, INC. Mailing Address Principal Place of Business 1260 E. OAKLAND PARK BLVD. 1260 E. OAKLAND BLVD. HO0650 10 FORT LAUDERDALE, FL 33334 FT. LAUDERDALE, FL 33334 04122005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0829452 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JUDITH A. JARVIS DO NOT WRITE 1260 E. OAKLAND PARK BLVD SUITE 200 IN THIS SPACE FORT LAUDERDALE, FL 33334 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE GALLANT, GLENN M NAME STREET ADDRESS 1260 E OAKLAND PARK BLVD CITY-ST-ZIP FORT LAUDERDALE, FL 33334 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITI F STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE -NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

FILED

GLERN M. Gallant 4-18-05 GTY-630-000

EER OR DIRECTOR

Date

Dayline Phone # SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CITY-ST-ZIP