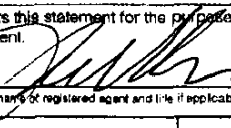
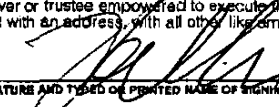


FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90117 011 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

50014516

DOCUMENT # P98000063042			
1. Entity Name TAUB NATIONAL INCORPORATED			
Principal Place of Business 2929 N UNIVERSITY DR # SUITE 111 CORAL SPRINGS, FL 33065		Mailing Address 2929 N UNIVERSITY DR # SUITE 111 CORAL SPRINGS, FL 33065	
2. Principal Place of Business 3215 NW 10th Terrace Suite, Apt. #, etc. 208 City & State Ft Lauderdale FL Zip 33309 Country USA		3. Mailing Address 3215 NW 10th Terrace Suite, Apt. #, etc. 208 City & State Ft Lauderdale FL Zip 33309 Country USA	
6. Name and Address of Current Registered Agent TAUB, KEITH 2929 N UNIVERSITY DR SUITE 111 CORAL SPRINGS, FL 33065		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3215 NW 10th Terrace Ste 208 City Ft Lauderdale FL Zip Code 33309	
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 4/18/06 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PVPD TAUB, KEITH 2929 N UNIVERSITY DR SUITE 111 CORAL SPRINGS, FL 33065 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3215 NW 10th Terrace Ste 208 Ft Lauderdale FL 33309 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Date Phone #			