


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # S66676 1. Entity Name TAURUS GRAPHICS, INC.	
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Principal Place of Business 2509 STONEWOOD ESTATES LANE ORLANDO, FL 32825	Mailing Address 2509 STONEWOOD ESTATES LANE ORLANDO, FL 32825
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01252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0282823	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ELIZABETH CAVANAGH 2509 STONEWOOD ESTATES LANE ORLANDO, FL 32825
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**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELIZABETH CAVANAGH 2509 STONEWOOD ESTATES LANE ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAVANAGH, THOMAS 1428 ANNA CATHERINE DR ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAVANAGH, MARK 1312 LOCH BREEZE WAY ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAVANAGH, ANDREW 1719 SAWGRASS CIRCLE GREENACRES, FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000821745
02/19/08-80039-013 150.00

**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: Elizabeth Cavanagh - Elizabeth Cavanagh 2/5/08 407-277-1718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #