
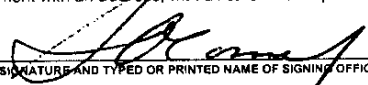


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90040 045 \*\*\*150.00

<b>DOCUMENT # V45624</b> 1. Entity Name <b>TAOC, INC.</b>			
Principal Place of Business <b>1182 MARKET CIRCLE Unit 1</b> <b>PORT CHARLOTTE, FL 33953 US</b>		Mailing Address <b>1182 MARKET CIRCLE Unit 1</b> <b>PORT CHARLOTTE, FL 33953 US</b>	
2. Principal Place of Business - No P.O. Box # <b>1182 Market Circle #1</b>		3. Mailing Address <b>1182 Market Circle #1</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Port Charlotte, FL</b>		City & State <b>Port Charlotte, FL</b>	
Zip <b>33953</b>	Country 	Zip <b>33953</b>	Country 
4. FEI Number <b>65-0342197</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>O'CONNELL, THOMAS A.</b> <b>3627 TAMiami TRAIL</b> <b>PORT CHARLOTTE, FL 33952</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE:</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D O'CONNELL, THOMAS A. 2435 LAKEVIEW BLVD PORT CHARLOTTE, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D O'CONNEL, MICHELLE 2435 LAKEVIEW BLVD PORT CHARLOTTE, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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.			
<b>SIGNATURE:</b> 		Date <b>4/15/08</b> Daytime Phone # <b>941 766 1224</b>	