

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004122

FILED
Feb 04, 2009
Secretary of State

Entity Name: TAX TECHNOLOGIES, INC.

Current Principal Place of Business:

196 WOODS AVENUE
BERGENFIELD, NJ 07621

New Principal Place of Business:

Current Mailing Address:

PO BOX 176
HAWORTH, NJ 07641

New Mailing Address:

FEI Number: 22-3684049 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHOI, J.D.
9040 TOWN CENTER PKWY
BRADENTON, FL 34203 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: CHOI, JD
Address: 339 VALLEY ROAD
City-St-Zip: HAWORTH, NJ 07641

Title: V () Delete
Name: PATEL, BIREN
Address: 5 SWEETWOOD DRIVE
City-St-Zip: RANDOLPH, NJ 07869

Title: V () Delete
Name: WENGER, JEFF
Address: 13642 LEGENDS WALK TERRACE
City-St-Zip: BRADENTON, FL 34202

Title: T () Delete
Name: CHOI, HYUN
Address: 339 VALLEY ROAD
City-St-Zip: HAWORTH, NJ 07641

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN DRURY

CONT

02/04/2009

Electronic Signature of Signing Officer or Director

_____ Date