## 150- FDOOT

## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

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## 01-08-2007 90255 036 \*\*\*150.00 DOCUMENT #K57746 TAXING MATTERS, INC. Principal Place of Business Mailing Address 1660 SOUTHERN BLVD 1660 SOUTHERN BLVD 40000589 SUITE M SUITE M W PALM BEACH, FL 33406 W PALM BEACH, FL 33406 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. CR2E034 (12/06) 01032007 Chg-P 4. FEI Number Applied For City & State City & State 65-0102063 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired $\Box$ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DIETZ, JACK H. Street Address (P.O. Box Number is Not Acceptable) 1660 SOUTHERN BLVD. SUITE M W PALM BEACH, FL 33406 Zip Code City 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 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DPT ☐ Delete ☐ Change ■ Addition TITLE TITLE DIETZ, JACK H. NAME NAME STREET ADDRESS 1265 GATOR TRAIL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH, FL 33409 Change Addition TITLE ☐ Defete 1518 16th Avenue North OBRADOVICH, TIMOTHY G. NAME NAME STREET ADDRESS -718 BIOGAYNE BRIVE STREET ADDRESS AKZ WORTH, FLORIOR CITY-ST-ZIP MEST DALM REACH. E CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information

SIGNING DEFICER OR DIRECTOR

FILED

Jan 08, 2007 8:00 am

Secretary of State