

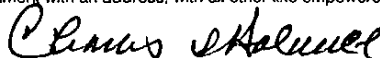


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90118 004 ***150.00

| | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------|--------------------------|
| DOCUMENT # P0000093430 | | | |  | | |
| 1. Entity Name EASYTAXUSA.COM, INC. | | | | | | |
| Principal Place of Business 161 W ROBERTSON STREET BRANDON, FL 33511 | | | Mailing Address 161 W ROBERTSON STREET BRANDON, FL 33511 | | | |
| 2. Principal Place of Business 1463 OAKFIELD DR Suite, Apt. #, etc. 105 SUITE 105 | | 3. Mailing Address 1463 OAKFIELD DR Suite, Apt. #, etc. SUITE 105 | |  | | |
| City & State BRANDON, FL | | City & State BRANDON, FL | | | | |
| Zip 33511 | Country USA | Zip 33511 | Country USA | 05012005 Chg-P CR2E034 (10/03) | | |
| 4. FEI Number 65-1047749 | | | Applied For Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | | |
| 6. Name and Address of Current Registered Agent HOLWELL, CHARLES I 3110 RED LOIN DRIVE VALRICO, FL 33594 | | | 7. Name and Address of New Registered Agent | | | |
| | | | Name | | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) 1463 OAKFIELD DR SUITE 105 | | | |
| | | | City BRANDON | | FL | Zip Code 33511 |
| | | | | | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | | |
| In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | LADUCA, NICKOLAS | | NAME | | | |
| STREET ADDRESS | 3632 CORDGRASS DRIVE | | STREET ADDRESS | | | |
| CITY-ST-ZIP | VALRICO, FL 33594 | | CITY-ST-ZIP | | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | HOLWELL, CHARLES | | NAME | | | |
| STREET ADDRESS | 3110 RED LOIN DRIVE | | STREET ADDRESS | | | |
| CITY-ST-ZIP | VALRICO, FL 33594 | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | | | NAME | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | | | NAME | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | | | NAME | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:  | | CHARLES I. HOLWELL | | 4/30/05 813-654-7266 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | | |