


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-17-2008 90018 020 \*\*\*150.00

DOCUMENT # 398626		
1. Entity Name EXECUTAX CORP.		

Principal Place of Business C/O RONALD A. GUILER 9260 SUNSET DRIVE #105 MIAMI, FL 33173	Mailing Address C/O RONALD A. GUILER 9260 SUNSET DRIVE #105 MIAMI, FL 33143
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2. Principal Place of Business - No P.O. Box # <u>10101 S.W. 98 AVE</u>	3. Mailing Address <u>10101 S.W. 98 AVENUE</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <u>MIAMI, FL</u>	City & State <u>MIAMI, FL</u>
Zip <u>33176</u>	Zip <u>33176</u>
Country <u>USA</u>	Country <u>USA</u>

01142008 Chg-P CR2E034 (12/06)

4. FEI Number 59-1382347	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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C. Name and Address of Current Registered Agent  GUILER, RONALD A RA 9260 SUNSET DRIVE SUITE 105 MIAMI, FL 33173
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7. Name and Address of New Registered Agent	
Name <u>GUILER, RONALD A.</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>1001 S.W. 98 AVENUE</u>	
City <u>MIAMI</u>	FL Zip Code <u>33176</u>

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 <u>RONALD A. GUILER</u>	<u>Ronald A. Guiler</u>	DATE <u>1/14/08</u>

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	PTS RONALD A. GUILER 9260 SUNSET DRIVE #105 MIAMI, FL 33173 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RONALD A. GUILER 9260 SUNSET DRIVE, #105 MIAMI, FL 33173 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS 10101 S.W. 98 AVENUE MIAMI, FL. 33176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR RONALD A. GUILER 10101 S.W. 98 AVENUE, MIAMI FL. 33176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.		
SIGNATURE: <u>Ronald A. Guiler</u>	RONALD A. GUILER	DATE <u>1/14/2008</u> 305-595-2474