

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 511455

FILED
Mar 29, 2005
Secretary of State

Entity Name: TAX MANAGEMENT SYSTEMS, INC.

Current Principal Place of Business:

1617 N. FEDERAL HWY
P.O. BOX 1380
LAKE WORTH, FL 33460

New Principal Place of Business:

Current Mailing Address:

1617 N. FEDERAL HWY
P.O. BOX 1380
LAKE WORTH, FL 33460

New Mailing Address:

FEI Number: 59-1680713 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VONDRAK, RICHARD B
2580 S. OCEAN BLVD
PALM BEACH, FL 33480 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: PD () Delete
Name: VONDRAK, RICHARD B,
Address: 2580 S. OCEAN BLVD
City-St-Zip: PALM BEACH, FL 33480

Title: SD () Delete
Name: BURNETT, NEWTON,
Address: 11811 AVE. OF P.G.A.
City-St-Zip: PALM BCH. GARDENS, FL

Title: SD () Delete
Name: MCCARTHY, DOUGLAS
Address: 13 SABAL ISLAND DR
City-St-Zip: OCEAN RIDGE, FL 33435

Title: TD () Delete
Name: POLK, L
Address: 1617 N FED HWY
City-St-Zip: LK WORTH, FL 33460

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 for the exemption stated in Section 119.07(3)(i), 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: RICHARD VONDRAK

PD

03/29/2005

Electronic Signature of Signing Officer or Director

_____ Date