

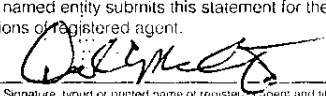
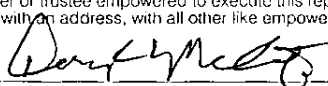


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90022 038 ***150.00

DOCUMENT # 511455 1. Entity Name TAX MANAGEMENT SYSTEMS, INC.					
Principal Place of Business 1617 N. FEDERAL HWY P.O. BOX 1380 LAKE WORTH, FL 33460			Mailing Address 1617 N. FEDERAL HWY P.O. BOX 1380 LAKE WORTH, FL 33460		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		<div style="font-size: 1.2em; font-weight: bold;">40116114</div>  <div style="display: flex; justify-content: space-between; margin-top: 10px;"> 04302007 Chg-P CR2E034 (12/06) </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> 4. FEI Number 59-1680713 Applied For Not Applicable </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required </div>	
6. Name and Address of Current Registered Agent VONDRAK, RICHARD B 2580 S. OCEAN BLVD PALM BEACH, FL 33480				7. Name and Address of New Registered Agent Name DOUGLAS MCCARTHY Street Address (P.O. Box Number is Not Acceptable) 1617 N FEDERAL HWY City LAKE WORTH FL Zip Code 33460	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 35%; text-align: right;"> 4/30/07 <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VONDRAK, RICHARD B		NAME		
STREET ADDRESS	2580 S. OCEAN BLVD		STREET ADDRESS		
CITY- ST- ZIP	PALM BEACH, FL 33480		CITY- ST- ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURNETT, NEWTON		NAME		
STREET ADDRESS	11811 AVE. OF P.G.A.		STREET ADDRESS		
CITY- ST- ZIP	PALM BCH. GARDENS, FL		CITY- ST- ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCARTHY, DOUGLAS		NAME		
STREET ADDRESS	13 SABAL ISLAND DR		STREET ADDRESS		
CITY- ST- ZIP	OCEAN RIDGE, FL 33435		CITY- ST- ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POLK, L		NAME		
STREET ADDRESS	1617 N FED HWY		STREET ADDRESS		
CITY- ST- ZIP	LK WORTH, FL 33460		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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> SECRETARY 4/30/07 5615880440 </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Date Daytime Phone # </div>		