2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 25, 2006 8:00 am Secretary of State

DOCUMENT # J08241 1. Entity Name EXECUTIVE TAX BENEFITS OF FLORIDA, INC.					01-25-2006 9	90028 029 ***150	.00
Principal Place		Mailing Address 11201 N. 56TH STREET TEMPLE TERRACE, FL-3	3617 US				
2. Principal Place of Business 13065 N. Telocom Place 13005 N. Telocom Place Suite, Apt. #, etc. Suite, Apt. #, etc.		elesom P		Chg-P	CR2E034 (11/05)		
City & State		City & State		4. FEI Numb			plied For t Applicable
Jemple 3363	Country USA	Temple Terror	Country USA		e of Status Desired	\$8.75 Add	itional
9.50.	6. Name and Address of Current I	<u> </u>		7. Name an	d Address of New R		
Name Name							
MANN, GERALD R. _ 11201 N 50TH STREET -			Street A	treet Address (P.O. Box Number is Not Acceptable)			
TEMPLE TERRACE, FL 33617			, , ,	<i>∞.</i>	10 vecom	· cc· k-cong	
			City	James Tax	YA C -0	FL Zig Code	37
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 conjectured agent.							
the obligations of registered agent. SIGNATURE Signat							
SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees							
	ay 1, 2006 Fee will be \$550.0 OFFICERS AND	Trust Fund Contrib			CHANGES TO OFF	CERS AND DIRECTOR	
After Ma	OFFICERS AND PD \$	Trust Fund Contrib	11.	ADDITIONS		∑ Change	S IN 11
After Ma 10. TITLE NAME	OFFICERS AND PD MANN, GERALD R.	Trust Fund Contrib	11. TITLE NAME	ADDITIONS		∑ Change	
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1.2. 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 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 anofficer 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-06

813-985-3298

Daytime Phone #