


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-18-2007 90180 023 ***150.00

DOCUMENT # J14745 1. Entity Name DON SUFFERN'S TAX SERVICE, INC.					
Principal Place of Business 12921 OLIVEIRA STREET DOVER, FL 33527			Mailing Address 12921 OLIVEIRA STREET DOVER, FL 33527		
2. Principal Place of Business - No P.O. Box # 12912 OLIVEIRA ST		3. Mailing Address 12912 OLIVEIRA ST			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State DOVER, FL		City & State DOVER, FL		4. FEI Number 59-2674359	
Zip 33527		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 33527		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SUFFERN, DONALD P., JR. 12921 OLIVEIRA STREET DOVER, FL 33527			7. Name and Address of New Registered Agent Name DONALD P. SUFFERN Street Address (P.O. Box Number is Not Acceptable) 12912 OLIVEIRA STREET City DOVER FL 33527		
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><i>Donald P. Suffern</i></u> DATE <u>4/15/07</u> <small>Signature: Typed or printed name of registered agent and like if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 1:		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SUFFERN, DONALD P. JR. 12921 OLIVEIRA ST DOVER, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DONALD P. SUFFERN 12912 OLIVEIRA ST. DOVER, FL 33527
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SUFFERN, DONALD P. JR. 12921 OLIVEIRA ST DOVER, FL	<input checked="" type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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><i>Donald P. Suffern</i></u> DONALD P. SUFFERN 3/14/07 813-689-0852 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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