

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K98410

FILED
Jan 02, 2007
Secretary of State

Entity Name: ELECTRONIC TAX CONSULTANTS AND INSURANCE, INC.

Current Principal Place of Business:

17410 NW 27 AVE
OPA LOCKA, FL 33056

New Principal Place of Business:

Current Mailing Address:

12918 SW 26 STREET
MIRAMAR, FL 33027

New Mailing Address:

FEI Number: 65-0187702

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUDD, BRANNOCK K PRES
12918 SW 26 STRET
MIRAMAR, FL 33027 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: PRES () Delete
Name: RUDD, BRANNOCK K PRES
Address: 12918 SW 26 STREET
City-St-Zip: MIRAMAR, FL 33027

Title: VP () Delete
Name: MCKINNEY, CHARLOT V
Address: 17850 NW 28 COURT
City-St-Zip: OPA LOCKA, FL 33056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: THOMAS, NOVELETTE
Address: 15978 SW 14 STREET
City-St-Zip: PEMBROKE PINE, FL 33027

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: BRANNOCK RUDD

P

01/02/2007

Electronic Signature of Signing Officer or Director

_____ Date