2007 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Jan 31, 2007 08:00 AM Secretary of State DOCUMENT # L02000017499 1. Entity Name ADVÁNTAGE TAX, LLC Principal Place of Business Mailing Address 9470 MIRACLE DRIVE 9470 MIRACLE DRIVE SPRING HILL, FL 34608 SPRING HILL, FL 34608 01282007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 05-0524687 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WING, RAYMOND A DO NOT WRITE 9470 MIRACLE DRIVE SPRING HILL, FL 34608 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 92/06/07-80010-007 **50.00** Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS MGRM TITLE WING, RAYMOND A STREET ADDRESS 9470 MIRACLE DR CITY-ST-7IP SPRING HILL, FL 34608 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RAYMOND SIGNATURE AND TYPED OR PRINTED HAVE OF SIGNING MANADING MEMBER, OR AUTHORIZED REPRESENTATI

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP