2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2006
Secretary of State

DOCUMENT# L05000071779

Entity Name: TAX PRO INCOME TAX SERVICE, LLC

Current Principal Place of Business:

3530 1ST AVE. NO.
SUITE 113-117
ST. PETERSBURG, FL 33713

New Principal Place of Business:

Current Mailing Address:

3530 1ST AVE. NO.
SUITE 113-117
ST. PETERSBURG, FL 33713

New Mailing Address:

FEI Number: 59-3618493 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WESTERHOFF, JIM
3530 1ST AVE. NO.
SUITE 113-117
ST. PETERSBURG, FL 33713 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: WESTERHOFF, JIM
Address: 2701 34TH ST. NO. APT. 226
City-St-Zip: ST. PETERSBURG, FL 33713

Title: MGR (X) Delete
Name: MURRELL, PAT
Address: 1332 PASADENA AVE. SO. APT. 401
City-St-Zip: SO. PASADENA, FL 33707

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: WESTERHOFF, JIM
Address: 2701 34TH ST. NO. APT. 547
City-St-Zip: ST. PETERSBURG, FL 33713

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

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 is true and accurate and that my electronic 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: JIM WESTERHOFF MGRM 07/05/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date