

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90170 031 ***150.00

DOCUMENT # L82197			
1. Entity Name TAX ADVICE BOOKKEEPING AND TAX SERVICE, INC.			
Principal Place of Business 190 SE 5TH AVE DELRAY BEACH, FL 33483 US		Mailing Address 190 SE 5TH AVE DELRAY BEACH, FL 33483 US	
2. Principal Place of Business 1200 N.W. 17TH AVE. Suite, Apt. #, etc. # 8		3. Mailing Address 1200 N.W. 17TH AVE. Suite, Apt. #, etc. # 8	
City & State DELRAY BEACH, FL.		City & State DELRAY BEACH, FL.	
Zip 33445	Country USA	Zip 33445	Country USA
6. Name and Address of Current Registered Agent ADELSON, DIANE S 190 SE 5TH AVE DELRAY BEACH, FL 33483		4. FEI Number 65-0203493	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent		Chg-P CR2E034 (11/05)	
		Name DIANE S. ADELSON	
		Street Address (P.O. Box Number is Not Acceptable) 1200 N.W. 17TH AVE. STE. 8	
		City DELRAY BEACH FL Zip Code 33445	
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 <i>DIANE S. ADELSON</i>		DIANE S. ADELSON	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE 04-26-06			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST <input type="checkbox"/> Delete ADELSON, DIANE S 10465 GOLD LEAF DRIVE BOYNTON BEACH, FL 33437	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
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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: <i>DIANE S. ADELSON</i>		DIANE S. ADELSON	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 04-26-06 Daytime Phone #	

40069294



04222006 Chg-P CR2E034 (11/05)