2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L82197

FILED Apr 26, 2009 Secretary of State

Entity Name: TAX ADVICE BOOKKEEPING AND TAX SERVICE, INC.

| Current Principal Place of Business: | New Principal Place of Business: |
|--|---|
| 1200 NW 17TH AVE SUITE 8 DELRAY BEACH, FL 33445 US | |
| Current Mailing Address: | New Mailing Address: |
| 1200 NW 17TH AVE SUITE 8 DELRAY BEACH, FL 33445 US FEI Number: 65-0203493 FEI Number Applied For () FEI Nu | umber Not Applicable() Certificate of Status Desired() |
| Name and Address of Current Registered Agent: | Name and Address of New Registered Agent: |
| ADELSON, DIANE S 1200 NW 17THAVE STE 8 DELRAY BEACH, FL 33445 US | |
| The above named entity submits this statement for the purpose in the State of Florida. | of changing its registered office or registered agent, or both, |
| SIGNATURE: | |
| Electronic Signature of Registered Agent | Date |
| Election Campaign Financing Trust Fund Contribution (). | |
| OFFICERS AND DIRECTORS: | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |
| Title: DPST () Delete Name: ADELSON, DIANE S Address: 10465 GOLD LEAF DRIVE City-St-Zip: BOYNTON BEACH, FL 33437 | Title: () Change () Addition Name: Address: City-St-Zip: |

I hereby certify that the information supplied with this filing does not qualify 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: DIANE S. ADELSON PRES 04/26/2009