2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2009
Secretary of State

DOCUMENT# N03000008712

Entity Name: COMMUNITY TAX INFORMATION SERVICES, INC.

Current Principal Place of Business:

4952 NW 7 AVE
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 69-5172
MIAMI, FL 33269

New Mailing Address:

FEI Number: 54-2408707 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ORPHE, JOHN
4952 NW 7 AVE
MIAMI, FL 33127 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

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: ORPHE, DIANE
Address: 605 NW 214 ST, UNIT 101
City-St-Zip: MIAMI, FL 33169

Title: DS ( ) Delete
Name: DECOSTE, MALIA
Address: 186 NW 90TH ST
City-St-Zip: MIAMI, FL 33150

Title: D ( ) Delete
Name: ORPHE, JOANE
Address: 605 NW 214 ST #101
City-St-Zip: MIAMI, FL 33169

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: P ( ) Change (X) Addition
Name: ORPHE, JOHN D
Address: 4952 NW 7TH AVE
City-St-Zip: MIAMI, FL 33127

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN D ORPHE P 05/05/2009
Electronic Signature of Signing Officer or Director — Date