2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# N06000009794

Entity Name: CUT TAXES NOW INC.

Current Principal Place of Business:

1201 5TH AVE. N.
#210
ST. PETERSBURG, FL 33705

New Principal Place of Business:

Current Mailing Address:

1201 5TH AVE. N.
#210
ST. PETERSBURG, FL 33705

New Mailing Address:

FEI Number: 20-5563671 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCKALIP, DAVID M M.D.
1201 5TH AVE. N.
#210
ST. PETERSBURG, FL 33705 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: ( ) Delete
Name:
Address:
City-St-Zip:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C ( ) Change (X) Addition
Name: MCKALIP, DAVID M CHAIR
Address: 1201 5TH AVE. N., #210
City-St-Zip: ST. PETERSBURG, FL 33705 US

Title: V ( ) Change (X) Addition
Name: KNIPE, RICHARD V. CHR.
Address: 1201 5TH AVE. N. #505
City-St-Zip: ST. PETERSBURG, FL 33705 US

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: DAVID MCKALIP PRES 04/27/2007

Electronic Signature of Signing Officer or Director — Date