2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000041704

Entity Name: TAX PROFESIONAL SERVICE, INC.

FILED Apr 23, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9645 E. COLONIAL DR. 9645 E. COLONIAL DR. STE 109

ORLANDO, FL 32817 ORLANDO, FL 32817

Current Mailing Address: New Mailing Address:

9645 E. COLONIAL DR. ORLANDO, FL 32817

FEI Number: 59-3641929 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COLUMBIE, EZEQUIELA N
1233 PALOS VERDE DR.
ORLANDO, FL 32825 US

COLUMBIE, EZEQUIELA N
1635 VIA PILAR
ORLANDO, FL 32825 US

COLUMBIE, EZEQUIELA N
1635 VIA PILAR
ORLANDO, FL 32825 US

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: EZEQUIELA COLUMBIE 04/23/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 COLUMBIE, EZEQUIE
 Name:
 COLUMBIE, EZEQUIE

 Address:
 1233 PALOS VEZDE DC
 Address:
 1635 VIA PILAR

 City-St-Zip:
 ORLANDO, FL 32825
 City-St-Zip:
 ORLANDO, FL 32825

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: EZEQUIELA COLUMBIE P 04/23/2005