

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000088471

Entity Name: TAX XPRESS INC.

FILED
Jun 18, 2009
Secretary of State

Current Principal Place of Business:

2051 RENAISSANCE BLVD #105
MIRAMAR, FL 33025

New Principal Place of Business:

1555 S W 109TH AVE
#201
PEMBROKE PINES, FL 33025

Current Mailing Address:

2051 RENAISSANCE BLVD #105
MIRAMAR, FL 33025

New Mailing Address:

1555 S W 109 TH AVE
#201
PEMBROKE PINES, FL 33025

FEI Number: 65-1046170

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THOMAS, RITA
2051 RENAISSANCE BLVD #105
MIRAMAR, FL 33025 US

Name and Address of New Registered Agent:

THOMAS, RITA
1555 S W 109TH AVE
#201
PEMBROKE PINES, FL 33025 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:

06/18/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: THOMAS, RITA
Address: 2051 RENAISSANCE BLVD #105
City-St-Zip: MIRAMAR, FL 33025

Title: VP () Delete
Name: WALKER, DARREN
Address: 2051 RENAISSANCE BLVD #105
City-St-Zip: MIRAMAR, FL 33025

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: THOMAS, RITA
Address: 1555 S W 109TH AVE #201
City-St-Zip: PEMBROKE PINES, FL 33025

Title: VP (X) Change () Addition
Name: WALKER, DARREN
Address: 1555 S W 109TH AVE #201
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D () Change (X) Addition
Name: WALKER, DALICIA
Address: 1555 S W 109TH AVE #201
City-St-Zip: PEMBROKE PINES, FL 33025

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: RITATHOMAS

PD

06/18/2009

Electronic Signature of Signing Officer or Director

Date