

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90118 004 \*\*\*150.00

<b>DOCUMENT # P00000093430</b> 1. Entity Name <b>EASYTAXUSA.COM, INC.</b>					
Principal Place of Business <b>161 W ROBERTSON STREET BRANDON, FL 33511</b>			Mailing Address <b>161 W ROBERTSON STREET BRANDON, FL 33511</b>		
2. Principal Place of Business <b>1463 OAKFIELD DR</b> Suite, Apt. #, etc. <b>105 SUITE 105</b>		3. Mailing Address <b>1463 OAKFIELD DR</b> Suite, Apt. #, etc. <b>SUITE 105</b>			
City & State <b>BRANDON, FL</b>		City & State <b>BRANDON, FL</b>		4. FEI Number <b>65-1047749</b>	
Zip <b>33511</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>HOLWELL, CHARLES I 3110 RED LOIN DRIVE VALRICO, FL 33594</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1463 OAKFIELD DR</b> <b>SUITE 105</b> City <b>BRANDON</b> <b>FL</b> Zip Code <b>33511</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>LADUCA, NICKOLAS</b> <b>3632 CORDGRASS DRIVE</b> <b>VALRICO, FL 33594</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>HOLWELL, CHARLES</b> <b>3110 RED LOIN DRIVE</b> <b>VALRICO, FL 33594</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: <u>Charles I. Holwell</u> <u>CHARLES I. HOLWELL</u> <u>4/30/05</u> <u>813-654-7266</u></b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					