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Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90036 044 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000106505

1. Entity Name
JUPITER TAX CENTER, INC.

4001

Principal Place of Business	Mailing Address
27 N PENNOCK LANE SUITE 102 JUPITER, FL 33458	27 N PENNOCK LANE SUITE 102 JUPITER, FL 33458

02112007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4495 Military Trail	4495 Military Trail
Suite, Apt. #, etc. 102	Suite, Apt. #, etc. Ste 102
City & State JUPITER, FL	City & State JUPITER, FL
Zip 33458 Country USA	Zip 33458 Country USA

4. FEI Number 65-1095890 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSENBLUM, LEE
~~27 N PENNOCK LANE~~
~~SUITE 1~~02
JU~~PITER, FL 33458~~

7. Name and Address of New Registered Agent

Name Lee Rosenblum
Street Address (P.O. Box Number is Not Acceptable) 4495 Military Trail
Ste 102
City JUPITER FL Zip Code 33458

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 [signature] 2/10/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY ST ZIP	PSTD ROSENBLUM, LEE A 27 N PENNOCK LANE JUPITER, FL 33458	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: [signature] 2/10/07 Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #