2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000066518

FILED Aug 10, 2005 Secretary of State

Entity Nar	me: NATIONS	S FAST TAX, INC.			
Current Principal Place of Business:			New Principal Place o	of Business:	
	BOCA RATO TON, FL 3343	N BLVD, STE 211 11			
Current M	lailing Addres	ss:	New Mailing Address	New Mailing Address:	
2701 N.W. BOCA RA	BOCA RATO TON, FL 3343	N BLVD, STE 211 31			
FEI Number:	: 65-1118660	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
CARUSO, MICHAEL A 2701 N.W. BOCA RATON BLVD, STE 211 BOCA RATON, FL 33431 US			MENNELLA, FRANK 1108 E. NEWPORT CE DEERFIELD BEACH, F	ENTER DR. FL 33442 US	
The above in the State	named entity of Florida.	submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE: FRANKI	MENNELLA		08/10/2005	
	Electro	nic Signature of Registered Age	nt	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	t receive the prior notice.		
OFFICERS	S AND DIREC	TORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CARUSO, MICI	CA RATON BLVD, STE 211	Title: (Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	GROSS, RICH	CA RATON BLVD, STE 211	Title: (Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	SMITH, ANDRE 1108 E NEWP		Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D (MENNELLA, FI) Delete RANK	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: FRANK MENNELLA D 08/10/2005

1108 E NEWPORT CTR DR

DEERFIELD BEACH, FL 33442

Address:

City-St-Zip: