2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005
Secretary of State

DOCUMENT# P02000082212

Entity Name: TAX SOLUTIONS, INC

Current Principal Place of Business:

1296 N MILITARY TRAIL
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

1296 N MILITARY TRAIL
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 16-1619226 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALICEA, CHRISTINE E
2750 N 29TH AVENUE
SUITE 216
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JULIA, ALICEA
Address: 2750 N 29TH AVE #116
City-St-Zip: HOLLYWOOD, FL 33020

Title: VP ( ) Delete
Name: CHRISTINE, ALICEA
Address: 2750 N 29TH AVE #116
City-St-Zip: HOLLYWOOD, FL 33020

Title: SEC ( ) Delete
Name: EDUARDO, HERNANDEZ
Address: 2750 N 29TH AVENUE SUITE 116
City-St-Zip: HOLLYWOOD, FL 33020

Title: T ( ) Delete
Name: KATHERINE, ALICEA
Address: 2750 N 29TH AVENUE SUITE 116
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JULIA ALICEA P 04/20/2005

Electronic Signature of Signing Officer or Director — Date