2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004
Secretary of State

DOCUMENT# P02000118448

Entity Name: TAX CARE,INC.

Current Principal Place of Business:

1557 JASON ST
KISSIMMEE, FL 34744

New Principal Place of Business:

1157 W SR 436
SUITE105
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

1557 JASON ST
KISSIMMEE, FL 34744

New Mailing Address:

P.O. BOX 160785
ALTAMONTE SPRINGS, FL 327160785

FEI Number: 22-3881352 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PROFESSIONAL ACCOUNTANTS & CONSULTANTS,INC
6955 HANGING MOSS RD.
SUITE 106
ORLANDO, FL 32807

Name and Address of New Registered Agent:

PROFESSIONAL ACCOUNTANTS & CONSULTANTS,INC
1157 W SR 436
SUITE 105
ALTAMONTE SPRINGS, FL 32714

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: DANIEL ALVAREZ 04/12/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: ALVAREZ, MOISES
Address: 14011 HERON POND COURT
City-St-Zip: ORLANDO, FL 32824

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MOISES ALVAREZ PSD 04/12/2004
Electronic Signature of Signing Officer or Director — Date