2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000118448

Entity Name: TAX CARE, INC.

FILED Jun 24, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1157 W SR 436 SUITE105 ALTAMONTE SPRINGS, FL 32714

Current Mailing Address: 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: Name and Address of New Registered Agent:

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

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD () Delete Title: PSD (X) Change () Addition

 Name:
 ALVAREZ, MOISES
 Name:
 ALVAREZ, MOISES

 Address:
 14011 HERON POND COURT
 Address:
 4911 SILVER THISTLE LN

 City-St-Zip:
 ORLANDO, FL 32824
 City-St-Zip:
 ST CLOUD, FL 34772

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 P 06/24/2005