2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# P02000118448

Entity Name: TAX CARE,INC.

Current Principal Place of Business:

2471 E SEMORAN BLVD
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 160785
ALTAMONTE SPRINGS, FL 327160785 US

New Mailing Address:

2471 E SEMORAN BLVD
APOPKA, FL 32703 US

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
2471 E SEMORAN BLVD
APOPKA, FL 32703 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: PSD ( ) Delete
Name: ALVAREZ, MOISES
Address: 4911 SILVER THISTLE LN
City-St-Zip: ST CLOUD, FL 34772 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: ALVAREZ, MOISES
Address: 2471 E SEMORAN BLVD
City-St-Zip: APOPKA, FL 32703 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 04/27/2007
Electronic Signature of Signing Officer or Director Date