

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000129095

Entity Name: AM INCOME TAX SERVICES, INC.

FILED
Jan 10, 2005
Secretary of State

Current Principal Place of Business:

3019 FLORENCIA DR
KISSIMMEE, FL 34744

New Principal Place of Business:

5449 S. SEMORAN BLVD
STE-12A3
ORLANDO, FL 32822

Current Mailing Address:

3019 FLORENCIA DR
KISSIMMEE, FL 34744

New Mailing Address:

5449 S. SEMORAN BLVD
STE-12A3
ORLANDO, FL 32822

FEI Number: 55-0809200

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TARRAGONA, MANUEL
5449 S. SEMORAN BLVD
SUITE-12A3
ORLANDO, FL 32822 US

Name and Address of New Registered Agent:

TARRAGONA, MANUEL
3019 FLORENCIA DR
KISSIMMEE, FL 34744 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: MANUEL TARRAGONA

01/10/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TARRAGONA, MANUEL
Address: 729 WHISPERING CYPRESS LN
City-St-Zip: ORLANDO, FL 32824

Title: VP () Delete
Name: MURCIA, ANNETTE L
Address: 729 WHISPERING CYPRESS LN
City-St-Zip: ORLANDO, FL 32824

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TARRAGONA, MANUEL
Address: 3019 FLORENCIA DR
City-St-Zip: KISSIMMEE, FL 34744

Title: VP (X) Change () Addition
Name: MURCIA, ANNETTE L
Address: 3019 FLORENCIA DR
City-St-Zip: KISSIMMEE, FL 34744

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: MANUEL TARRAGONA

P

01/10/2005

Electronic Signature of Signing Officer or Director

Date