2007 FOR PROFIT CORPORATION ANNUAL REPORT

3/30

FILED
Apr 13, 2007 8:00 am
Secretary of State
03-30-2007 90125 019 ****50.00
04-13-2007 90164 041 ***100.00

DOCUMENT # P03000000774

1. Entity Name
TAXCUTS1, INC.

Principal Place of Business	Mailing Address
6385 PRESIDENTIAL COURT #108 FORT MYERS, FL 33919	PO BOX 07463 FORT MYERS, FL 33919

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6249 Presidential Court Ste F Fort Myers, FL 33919 US	6249 Presidential Court Ste F Fort Myers, FL 33919 US

03272007 Chg-P CR2E034 (12/06)

4. FEI Number
42-1574767
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAGEN, MICHAEL S 6385 PRESIDENTIAL CT #108 FORT MYERS, FL 33919	Name Street Address Michael S. Hagen 6249 Presidential Court Ste F Fort Myers, FL 33919 City

8. 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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE: Michael Hagen President 3/27/07
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HAGEN, MICHAEL S 1362 KINGSWOOD CT FORT MYERS, FL 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HAGEN, MICHAEL S 1362 KINGSWOOD CT FORT MYERS, FL 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HAGEN, MICHAEL S 1362 KINGSWOOD CT FORT MYERS, FL 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with all other like empowered.

Michael S. Hagen, Managing Member

SIGNATURE: Michael Hagen President 3/27/07 239-275-0808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #