


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 29, 2006 8:00 am**  
**Secretary of State**

06-29-2006 90001 037 \*\*\*150.00

<b>DOCUMENT # P03000045104</b> 1. Entity Name <b>DIONISI TAX SERVICE, INC.</b>					
Principal Place of Business <b>5207 SMOKEY WATER LANE OVIEDO, FL 32765</b>			Mailing Address <b>5207 SMOKEY WATER LANE OVIEDO, FL 32765</b>		
2. Principal Place of Business <b>2856 Brian Park Dr</b>		3. Mailing Address <b>2856 Brian Park Dr</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Orlando, Florida</b>		City & State <b>Orlando, Florida</b>		4. FEI Number <b>61-1448105</b>	
Zip <b>32833</b>		Country <b>ORANGE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DIONISI, JUAN A 5207 SMOKEY WATER LANE OVIEDO, FL 32765</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2856 Brian Park Dr</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32833</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIONISI, EVA L 5207 SMOKEY WATER LANE OVIEDO, FL 32765		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2856 Brian Park Dr Orlando, Florida 32833</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 an address, with all other like empowered.					
SIGNATURE: <u>Eva L. Dionisi</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>June 26, 2006</u> 321-285-3114 Daytime Phone #		