

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90001 031 ***150.00

DOCUMENT # P03000070046					
1. Entity Name TAX HELP, INC.					
Principal Place of Business 1730 S. FEDERAL HWY STE. 260 DELRAY BEACH, FL 33483			Mailing Address 1730 S. FEDERAL HWY STE. 260 DELRAY BEACH, FL 33483		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 35-2209429	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TREMBLAY, W J 1730 S. FEDERAL HWY STE. 260 DELRAY BEACH, FL 33483			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE TD	NAME TREMBLAY, W J		TITLE	NAME 1730 S. FEDERAL HWY, STE 260 DELRAY BEACH, FL. 33483	
STREET ADDRESS 1801 S. FEDERAL HWY., STE. 219	CITY-ST-ZIP DELRAY BEACH, FL 33483		STREET ADDRESS	CITY-ST-ZIP	
TITLE PVSD	NAME MARSHALL, JOHN M		TITLE	NAME	
STREET ADDRESS 8893 SADDLE WOOD DR	CITY-ST-ZIP JONESBORO, GA 30236		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
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: <i>W. J. Tremblay</i>			Date: <i>02/25/08</i>		Daytime Phone #: <i>(561) 243-6355</i>