
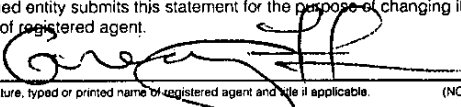
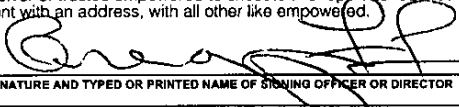


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90019 037 ***150.00

DOCUMENT # P03000077719			
1. Entity Name AMERITAX, INC.			
Principal Place of Business 1200 N.W. 17 AVENUE, #1 DELRAY BEACH, FL 33445		Mailing Address 1200 N.W. 17 AVENUE, #1 DELRAY BEACH, FL 33445	
2. Principal Place of Business 216 KENSINGTON WAY Suite, Apt. #, etc.		3. Mailing Address 216 KENSINGTON WAY Suite, Apt. #, etc.	
City & State ROYAL PALM BEACH, FL		City & State ROYAL PALM BEACH, FL	
Zip 33414		Zip 33414	
Country USA		Country USA	
4. FEI Number 87-0704142		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent INCARDONA, JOHN 1701 E. ATLANTIC BLVD. POMPANO BCH, FL 33060		7. Name and Address of New Registered Agent Name: GREGORY FINN Street Address (P.O. Box Number is Not Acceptable): 216 KENSINGTON WAY City: ROYAL PALM BEACH FL Zip Code: 33414	
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:  DATE: 2/9/06 <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	DPVT CLOUSE, ROBERT 1200 N.W. 17 AVENUE, #1 DELRAY BEACH, FL 33445 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.V.S GREGORY F. FINN 216 KENSINGTON WAY ROYAL PALM BEACH, FL. 33414 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLOUSE, ROBERT 1200 N.W. 17 AVENUE, #1 DELRAY BEACH, FL 33445 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Date: 2/9/06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

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02022006 Chg-P CR2E034 (11/05)