

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000109428

Entity Name: INFINITY TAX SERVICES, INC.

FILED
Apr 30, 2005
Secretary of State

Current Principal Place of Business:

1116 TIMBERBEND CIRCLE
ORLANDO, FL 32824

New Principal Place of Business:

Current Mailing Address:

1116 TIMBERBEND CIRCLE
ORLANDO, FL 32824

New Mailing Address:

FEI Number: 20-0284330

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OTERO, NANCYBEL
1120 TIMBERBEND CIRCLE
ORLANDO, FL FL US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P, T () Delete
Name: FELICIANO, ANA V
Address: 1116 TIMBERBEND CIRCLE
City-St-Zip: ORLANDO, FL 32824 US

Title: VP, S () Delete
Name: OTERO, NANCYBEL
Address: 1120 TIMBERBEND CIRCLE
City-St-Zip: ORLANDO, FL 32824 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, T (X) Change () Addition
Name: FELICIANO, ANA V
Address: 1116 TIMBERBEND CIRCLE
City-St-Zip: ORLANDO, FL 32824 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: NANCYBEL OTERO

VP

04/30/2005

Electronic Signature of Signing Officer or Director

Date