2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY -6 AM 8:41

DOCUMENT # P03000141292

1. Entity Name
BUDGETAX CORPORATION

Principal Place of Business	Mailing Address
15660 SAN CARLOS BOULEVARD, SUITE 32 FORT MYERS, FL 33908-2567	15660 SAN CARLOS BOULEVARD, SUITE 32 FORT MYERS, FL 33908-2567

03282008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1430 Royal Palm Sq Blvd	1430 Royal PALM Square Blvd
Suite, Apt. #, etc. Suite 103	Suite, Apt. #, etc. Suite 103
City & State Fort Myers, FL	City & State FORT MYERS, FL
Zip / Country 33919 / Lee	Zip / Country 33919 / LEE

4. FEI Number
NOT APPLICABLE
☐ 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
PARAMESWARAN, ARUN 15660 SAN CARLOS BLVD. STE 32 FORT MYERS, FL 33908	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: [signature] 4/23/08
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ **$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 PARAMESWARAN, ARUN 15660 SAN CARLOS BOULEVARD, SUITE 32 FORT MYERS, FL 339082567	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 1
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PARAMESWARAN, RAGHUNATHAN D PRIVATE BAG 23, PLOT 513 LOBATSE, XX BOTSWANA	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition D PARAMESWARAN, RAG
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200128359952 05/05/08--01008--030 **427.50
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 an address, with all other like empowered.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #