2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000038123

Entity Name: D & B TAX & LIEN SVCS, INC.

FILED Apr 11, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Bu	New Principal Place of Business:	
11555 HEF STE 200	RON BAY BLVI	D	8461LAKE WORTH ROAD STE130		
	PRINGS, FL 33	3076 US	LAKE WORTH, FL 33467	US	
Current M	lailing Addres	s:	New Mailing Address:	New Mailing Address:	
11555 HERON BAY BLVD				8461 LAKE WORTH ROAD	
STE 200 CORAL SF	PRINGS, FL 33	3076 US	STE 130 LAKE WORTH, FL 33467	US	
FEI Number:	20-0790214	FEI Number Applied For ()	FEI Number Not Applicable ()	ertificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address of Nev	Name and Address of New Registered Agent:	
#4	EBBY NE HARBOUR RTH, FL 3346'				
	named entity s e of Florida.	submits this statement for th	e purpose of changing its registered offic	ce or registered agent, or both,	
SIGNATUF	RE:				
	Electron	ic Signature of Registered A	Agent	Date	
Election Can	npaign Financing	g Trust Fund Contribution ().			
OFFICERS	S AND DIREC	TORS:	ADDITIONS/CHANGES TO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	DAHER, DEBB	BAY BLVD STE 200	Title: () Ch Name: Address: City-St-Zip:	nange()Addition	
Title: Name: Address: City-St-Zip:	SHERMAN, DAV	BAY BLVD STE 200	Title: () Ch Name: Address: City-St-Zip:	nange()Addition	
Title: Name: Address: City-St-Zip:	GLOVSKY, BRA	BAY BLVD STE 200	Title: () Cl Name: Address: City-St-Zip:	nange()Addition	
Title: Name: Address: City-St-Zip:	BELKYS, SHÈR	BAY BLVD STE 200	Title: () Ch Name: Address: City-St-Zip:	nange () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: DEBBY DAHER P 04/11/2007