2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006
Secretary of State

DOCUMENT# P04000041638

Entity Name: NINOTE INCOME TAX SERVICES, INC.

Current Principal Place of Business:

6870 WEST ATLANTIC BLVD
MARGATE, FL 33063

New Principal Place of Business:

2141 N UNIVERSITY DRIVE STE 132
CORAL SPRINGS, FL 33071

Current Mailing Address:

6870 WEST ATLANTIC BLVD
MARGATE, FL 33063

New Mailing Address:

2141 N UNIVERSITY DRIVE STE 132
CORAL SPRINGS, FL 33071

FEI Number: 20-0803645 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUCTANT, MAZINCIA
6870 WEST ATLANTIC BLVD
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

FLEURIGENE, ECKSON
2141 N UNIVERSITY DRIVE STE 132
CORAL SPRINGS, FL 33071 US

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: ECKSON FLEURIGENE 03/27/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DUCTANT, MAZINCIA
Address: 7401 SW 13TH STREET
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: V ( ) Delete
Name: DUCTANT, DUPERA
Address: 7401 SW 13TH STREET
City-St-Zip: NORTH LAUDERDALE, FL 33068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: FLEURIGENE, ECKSON
Address: 2141 N UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: V (X) Change ( ) Addition
Name: FLEURIGENE, ECKSON
Address: 2141 N UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071

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: ECKSON FLEURIGENE P 03/27/2006
Electronic Signature of Signing Officer or Director Date