2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000077177

FILED Apr 28, 2005 Secretary of State

Entity Name: ORANGE ACCOUNTING AND INCOME TAX SERVICE, CORP.

Current Principal Place of Business: New Principal Place of Business: 4864 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32839 **Current Mailing Address: New Mailing Address:** 4864 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32839 FEI Number: 20-1151493 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: PROANO, ANITA M PROANO, LIBIA J 4864 S. ORANGE BLOSSOM TRAIL 4864 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32839 ORLANDO, FL 32839 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: LIBIA PROANO 04/28/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition PROANO, LIBIA Name: Name: 8606 HAL CT. Address: Address: City-St-Zip: ORLANDO, FL 32818 City-St-Zip: Title: Title: (X) Change () Addition () Delete Name: PROANO, ANITA M Name: ERIK, RAMIREZ 11520 BENTRY STREET 9566 LINGWOOD TR Address: Address: ORLANDO, FL 32817 City-St-Zip: ORLANDO, FL 32824 City-St-Zip: () Delete Title: Title: () Change () Addition HERRERA, LEONOR T Name: Name: 8606 HAL CT Address: Address: City-St-Zip: ORLANDO, FL 32818 US 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: LIBIA PROANO PD 04/28/2005