2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2008 08:00 AM DOCUMENT # P04000139867 **Secretary of State** 1. Entity Name ZAY INCOME TAX SERVICES CORP. Principal Place of Business Mailing Address 3600 SOUTH STATE RD 7 5040 SW 24TH STREET HOLLYWOOD, FL 33023 SUITE 4 MIRAMAR, FL 33023 No Chg-P 04252008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 61-1481538 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DAWSON, JOYCE DO NOT WRITE 5040 SW 24TH STREET HOLLYWOOD, FL 33023 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE U00000928611 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 05/21/08-80035-013 150.00 10. OFFICERS AND DIRECTORS TITLE DAWSON, JOYCE NAME STREET ADDRESS 5040 SW 24TH STREET CITY-ST-ZIP HOLLYWOOD, FL 33023 TITLE NAME DAWSON, DWIGHT STREET ADDRESS 5040 SW 24TH STREET CITY-ST-ZIP HOLLYWOOD, FL 33023 TITLE NAME DAWSON, ISAIAH STREET ADDRESS 5040 SW 24TH STREET DO NOT WRITE CITY-ST-ZIP HOLLYWOOD, FL 33023 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

My W TOW - OWNED OF SIGNING OFFICER OR DIRECTO

1/25/08

954-963-8262

FILED

Daytime Phone #