

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000140508

**FILED**  
**Apr 01, 2005**  
**Secretary of State**

**Entity Name:** TAX SOLUTIONS UNLIMITED OF THE PALM BEACHES INC.

**Current Principal Place of Business:**

1799 POLO LAKE DR. EAST  
WELLINGTON, FL 33414

**New Principal Place of Business:**

3017 EXCHANGE COURT  
SUITE D  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

1799 POLO LAKE DR. EAST  
WELLINGTON, FL 33414

**New Mailing Address:**

3017 EXCHANGE COURT  
SUITE D  
WEST PALM BEACH, FL 33409

**FEI Number:** 20-1636085

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PIERCE, LAURIE L  
1799 POLO LAKE DR. EAST  
WELLINGTON, FL 33414 US

**Name and Address of New Registered Agent:**

PIERCE, LAURIE L  
3017 EXCHANGE COURT  
SUITE D  
WEST PALM BEACH, FL 33409 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:**

04/01/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD ( ) Delete  
**Name:** PIERCE, LAURIE L  
**Address:** 1799 POLO LAKE DR. EAST  
**City-St-Zip:** WELLINGTON, FL 33414

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** PD (X) Change ( ) Addition  
**Name:** PIERCE, LAURIE L  
**Address:** 3017 EXCHANGE COURT, SUITE D  
**City-St-Zip:** WEST PALM BEACH, FL 33409

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:** LAURIE PIERCE

PD

04/01/2005

Electronic Signature of Signing Officer or Director

Date