2006 FOR PROFIT CORPORATION

ANNUAL REPORT **DOCUMENT # P05000027588**



FILED

Apr 28, 2006 8:00 am Secretary of State 04-28-2006 90156 001 ***150.00 1. Entity Name TAX DEFERRED SERVICES, INC Mailing Address Principal Place of Business 8009 34TH AVENUE SOUTH 8009 34TH AVENUE SOUTH **SUITE 350** SUITE 350 BLOOMINGTON, MN 55425 **BLOOMINGTON, MN 55425** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04242006 CR2E034 (11/05) City & State Applied For City & State 744 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REIBER, SAM 3821 HENDERSON BLVD Street Address (P.O. Box Number is Not Acceptable) TAMPA, FL 33629 Zip Code FL 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 7 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS , ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TELF ☐ Delete 1111 F ☐ Change Addition NAME WITTER, KEITH NAME STREET ADDRESS 8009 34TH AVENUE SOUTH STREET ADDRESS BLOOMINGTON, MN 55425 CITY-ST-7IP CITY-ST-7P SEC TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME WITTER, KEITH NAME STREET ADDRESS 8009 34TH AVENUE SOUTH STREET ADDRESS BLOOMINGTON, MN 55425 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE WITTER, KEITH NAME NAME STREET ADDRESS 8009 34TH AVENUE SOUTH STREET ADDRESS BLOOMINGTON, MN 55425 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

AME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED D

4-20-06