FILED Apr 26, 2006 8:00 am Secretary of State 04-07-2006 90030 038 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

	71110									
DOCUMENT # P05000080295 1. Entity Name SUNCOAST TAX ADVISORY GROUP, INC.						•	6601	1958		
Principal Place of Business 410 WARE BOULEVARD SUITE 410			Mailing Address 410 WARE BOULEVARD SUITE 410			<i>i</i>				
TAMPA, FL 3	33619	7/	MPA, FL 33619				BBIDI DAN ORIN DOM BB	 	15 12 010 (050) 47	
2. Principal P	ace of Business	3. 1	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01062006	Chg-P	CR2E03	34 (11/05)	
City & State	9	City & State			·	4. FEI Number	9.4558	7	-	plied For t Applicable
Zip	Country	- -	Cip	Cour	ntry	T	of Status Desired	П	\$8.75 Act	litional
	6. Name and Address of Cui	rrant Regis:	ered Agent	<u> </u>	<u> </u>	7. Name and	Address of New I		ee Require	
CEBACL /	MTUONY				Name					
GERACI, ANTHONY L 410 WARE BOULEVARD					Street Address	(P.O. Box Number	r is Not Acceptab	le)		
SUITE 410 TAMPA, FL 33619						_	_			
					City	·		FI.	Zip Cod	
8. The above	named entity submits this statem	ent for the p	urpose of changing its	register	ed affice or regist	ered agent, or bot	h, in the State of Fl		emiliar with,	and accep
	ions of registered agent.			_	Ť	•				
SIGNATURE.	Signature, typed or profest name of registered	spent and little i	apolicable (NOT	E: Registers	nd Agent signature requir	ed when nerotating)		DATE		
After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$5	550.00	Election Campa Trust Fund Conf	tribution.		5.00 May Bo Ided to Fees				
10.	OFFICERS	AND DIREC	TORS Delete	11.		ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTORS Change	S IN 11 Addition
NAME	GERACI, ANTHONY L								C. orange	
STREET ADDRESS CITY-ST-ZIP	410 WARE BOULEVARD TAMPA, FL 33619				EET ADORESS (-SI-ZIP					
TITLE	TAMPA, FL 33019		☐ Oelete	nn		·			(Change	☐ Additio
NAME				ж	- 1					
STREET ADDRESS CITY-ST-ZIP					EET ADORESS 1-ST-ZIP					
TITLE _			. Doleta	. Int	-				Citange:	Assitio
NAME STREET ADDRESS	1			KAL STR	Æ EFT ADDRESS					
CITY-ST-ZIP				1	Y-ST-ZIP					
TITLE			☐ Deteta	m	-				Change	☐ Addillor
NAME STREET ADDRESS				KAL STR	AE EET ADORESS					
CITY-ST-ZIP					Y - \$1 - ZIP					
ITTLE			☐ De!ste	trjt					Change	☐ Addition
NAME STREET ADDRESS				NAI Str	EET ADORESS					
CITY-ST-ZIP					Y-\$1-ZIP					
TITLE			☐ Delete	titi					Change	Addition
NAME STREET ADDRESS				NAI STR	eet adoress					
CITY-SI-ZIP	<u></u>			CIT	Y-ST-ZIP					·
49 Jharabas	certify that the information supplies	ed with this I	line does not qualify I	or the ex		adia Chansa 140	. Florida Statutes.	I tunber cert	ily that the ir	nformation
indicated of the co	d on this report or supplemental re reporation or the receiver or trusted d, or on an attachment with an add	port is true. empowere	and accurate and that d to execute this repor	my signa Loga requ	ature shall have th	e same legal effect 07, Florida Statute	t as il made under	oath; that I a ne appears in	m an officer	or director Block 11 il