2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000147944

Entity Name: TAX CONNECTION, INC.

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

229 NE 2 AVE 207 201 NW 7 STREET MIAMI, FL 33132 US #202

MIAMI, FL 33136 US

Current Mailing Address: New Mailing Address:

PO BOX 682040

MIAMI, FL 33168 US

FEI Number: 20-3737464 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CHIBANGUZA, GUTHRIE W CHIBANGUZA, GUTHRIE W 229 NE 2 AVE 207 201 NW 7 STREET MIAMI, FL 33132

#202 MIAMI, FL 33136 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: GUTHRIE CHIBANGUZA 04/29/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: (X) Change () Addition KASHIRI, RUDO CHIBANGUZA, GUTHRIE W Name: Name: 318 GARCIA DR 201 NW 7 ST# 202 Address: Address:

MIAMI, FL 33136 US City-St-Zip: VIRGINIA BEACH, VA 23454 US City-St-Zip:

Title: T D Title: VΡ (X) Change () Addition () Delete Name: PERCIAL, REBECCA Name: RUDO, KASHIRI

4201 NW 1ST AVE 318 GARCIA DR Address: Address: MIAMI, FL 33127 US VIRGINIA BEACH, VA 23454 US City-St-Zip: City-St-Zip:

Title: Title: SD (X) Delete () Change () Addition

MADZIMA, THELMA Name: Name: 4014 SW 26 DR #29 Address: Address: City-St-Zip: GAINESVILE, FL 32608 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GUTHRIE CHIBANGUZA PD 04/29/2008