



**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2008 08:00 A.**  
**Secretary of State**

<b>DOCUMENT # P06000058096</b> 1. Entity Name TAX DIRECT PLUS, INC	
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Principal Place of Business 1131 NW 111TH WAY CORAL SPRINGS, FL 33071	Mailing Address 1131 NW 111TH WAY CORAL SPRINGS, FL 33071
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**DO NOT WRITE IN THIS SPACE**

	
04072008	No Chg-P
CR2E034 (11/05)	
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

RIMLAND, T  
1131 NW 111 WAY  
CORAL SPRINGS, FL 33071

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

U00000889830  
04/22/08-80070-008 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES RIMLAND, T. 1131 NW 111TH WAY CORAL SPRINGS, FL 33071
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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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** J. Rimland 4-8-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #