

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000000098

FILED  
Jul 16, 2009  
Secretary of State

Entity Name: TAX ENGINEERING GROUP CORP.

## Current Principal Place of Business:

6278 NORTH FEDERAL HWY.  
409  
FORT LAUDERDALE, FL 33308

## New Principal Place of Business:

3499 OAKS WAY, UNIT 409.  
POMPANO BEACH, FL 33069

## Current Mailing Address:

6278 NORTH FEDERAL HWY.  
409  
FORT LAUDERDALE, FL 33308

## New Mailing Address:

3499 OAKS WAY, UNIT 409.  
POMPANO BEACH, FL 33069

FEI Number: 26-3964636

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COLODNE, MARK R  
8177 WEST GLADES ROAD  
220  
BOCA RATON, FL 33434 US

## Name and Address of New Registered Agent:

FORDE, DOUG CEO  
3499 OAKS WAY,  
UNIT 409.  
POMPANO BEACH, FL 33069 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: DOUG FORDE

07/16/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: FORDE, DOUGLAS H  
Address: 6278 NORTH FEDERAL HWY.  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D ( ) Delete  
Name: NEGRON, NESTOR L  
Address: 4610 N.W. 102ND PLACE  
City-St-Zip: MIAMI, FL 33178

Title: D (X) Delete  
Name: MORLES, GUSTAVO  
Address: 6278 NORTH FEDERAL HWY.  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D (X) Delete  
Name: FORDE, LIONEL  
Address: 6278 NORTH FEDERAL HWY.  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D (X) Delete  
Name: COLODNE, MARK R  
Address: 8177 WEST GLADES ROAD  
City-St-Zip: BOCA RATON, FL 33434

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. (X) Change ( ) Addition  
Name: FORDE, DOUGLAS H CEO  
Address: 3499 OAKS WAY  
City-St-Zip: FORT LAUDERDALE, FL 33069

Title: MR. (X) Change ( ) Addition  
Name: FORDE, LIONEL CFO  
Address: 11745 W. ATLANTIC BLVD  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: DOUG FORDE

MR.

07/16/2009

Electronic Signature of Signing Officer or Director

Date