

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000057499

FILED
Jan 24, 2011
Secretary of State

Entity Name: THREE STARS INCOME TAX SERVICES INC

Current Principal Place of Business:

540 NW 4TH AVENUE
1316
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

3206 FOX SQUIRREL LANE
VALRICO, FL 33596

New Mailing Address:

540 NW 4TH AVENUE
1316
FORT LAUDERDALE, FL 33311

FEI Number: 27-3041428

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAXWELL, VINCENT D
3206 FOX SQUIRREL LANE
VALRICO, FL 33596 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: MAXWELL, VINCENT D SR.
Address: 3206 FOX SQUIRREL LANE
City-St-Zip: VALRICO, FL 33596

Title: VP
Name: MAXWELL, EVADNE P
Address: 540 NW 4TH AVENUE APT 1316
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: S
Name: MAXWELL, EVADNE P
Address: 540 NW 4TH AVENUE APT 1316
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: T
Name: MAXWELL, VINCENT D SR
Address: 3206 FOX SQUIRREL LANE
City-St-Zip: VALRICO, FL 33596

I hereby 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 all other like empowered.

SIGNATURE: EVADNE P MAXWELL

VP

01/24/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date