2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/

FILED
Jun 02, 2004 8:00 am
Secretary of State

05-06-2004 90162 009 ***150.00

DOCUMENT # P98000004694

1. Entity Name
TAX CREDIT CONSULTANTS, INC.

Principal Place of Business	Mailing Address
1478 BLUE JAY CIRCLE WESTON, FL 33327	1478 BLUE JAY CIRCLE WESTON, FL 33327

04132004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
3383 Dovecote Meadow Lane		3383 Dovecote Meadow Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Davie FL		City & State: Davie, FL	
Zip: 33328	Country: US	Zip: 33328	Country: US

4. FEI Number: 65-0987637 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BILLANTE, THOMAS N
1478 BLUE JAY CIRCLE
WESTON, FL 33327

7. Name and Address of New Registered Agent

Name: Thomas N. Billante
Street Address (P.O. Box Number is Not Acceptable): 3383 Dovecote Meadow Lane
City: Davie FL Zip Code: 33328

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 ______________________ (signed)
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BILLANTE, TOM 1478 BLUE JAY CIRCLE WESTON, FL 33327	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: ______________________ (signed)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #