2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 01, 2006 08:00 AN Secretary of State **DOCUMENT # P98000030574** 1. Entity Name TAX ADVANTAGE, INC. Mailing Address Principal Place of Business 1201 N 3RD STREET 1201 N 3RD STREET JACKSONVILLE BEACH, FL 32250 JACKSONVILLE BEACH, FL 32250 No Chg-P CR2E034 (11/05) 03242006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3513153 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE REESE, JAMES K 1201 N 3RD STREET JACKSONVILLE BCH, FL 32250 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. תם TITLE REESE, JAMES K NESSE STREET ADDRESS 1201 N 3RD ST CITY-ST-ZIP JACKSONVILLE, FL 32250 ST U00000551383 NAME REESE, STACEY 05/13/06-80098-009 150.00 STREET ADDRESS 1201 N 3RD ST JACKSONVILLE, FL 32250 CiTY-ST-ZiP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS City-St-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 of trustee appropriate 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.

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #