



**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000078287</b>		
1. Entity Name ABACUS TAX PREPARATION, INC.		
Principal Place of Business 3000 NORTHWEST 101 LANE CORAL SPRINGS, FL 33065		Mailing Address 3000 NORTHWEST 101 LANE CORAL SPRINGS, FL 33065
<b>DO NOT WRITE IN THIS SPACE</b>		
		 01132006 No Chg-P CR2E034 (11/05)
		4. FEI Number 65-0872109
		Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent  OATES, DANIEL E 1500 EAST ATLANTIC BLVD. SUITE B POMPANO BEACH, FL 33060		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DOUCETTE, HEATHER 3000 NW 101ST LN CORAL SPRINGS, FL 33065	000000445671 03/07/06-80058-007 158.75  <b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CLATSOFF, ADAM 3000 NW 101ST LN CORAL SPRINGS, FL 33065	
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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: <u>W. Adam Clatsoff</u> <u>2/14/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>DATE</small> <small>Daytime Phone #</small>		