


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90066 003 ***150.00

DOCUMENT # P98000091847 1. Entity Name BUSINESS ACCOUNTING & TAX PROFESSIONALS, INC.					
Principal Place of Business 485 SW TALQUIN LANE PORT SAINT LUCIE, FL 34986 5833 NW Gilkspie Ave PORT ST LUCIE, FL 34996			Mailing Address 485 SW TALQUIN LANE PORT SAINT LUCIE, FL 34986 5833 NW Gilkspie Ave PORT ST LUCIE, FL 34996		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01092006 Chg-P CR2E034 (11/05)	
City & State		City & State		4. FEI Number 65-0874376	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GRAZI, LEIF J 900 E. OCEAN BLVD. SUITE 232 STUART, FL 34994			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	MP BIANCO, JANEEN M 485 SW TALQUIN LANE PORT SAINT LUCIE, FL 349866		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MP Bianco, Janeen M 5833 NW Gilkspie Ave PORT ST LUCIE, FL 34996	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS PICCIANO, PARTICE 485 SW TALQUIN LANE PORT SAINT LUCIE, FL 34986		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS PICCIANO, PATRICE 5833 NW Gilkspie Ave PORT ST LUCIE, FL 34996	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Patrice Picciano</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1/25/06 Date		