
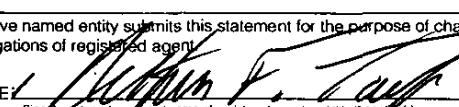
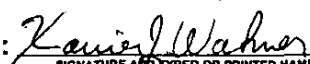


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90019 042 \*\*\*158.75

<b>DOCUMENT # P99000037523</b> 1. Entity Name <b>TAX (INCOME) PROBLEM SOLVERS, INC.</b>					
Principal Place of Business <b>1290 NW 8TH ST. BOCA RATON, FL 33486</b>			Mailing Address <b>PO BOX 2859 BOCA RATON, FL 33427</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>1290 NW 8th Street</b> Suite, Apt. #, etc.			
City & State Zip      Country		City & State <b>Boca Raton, FL</b> Zip      Country <b>33486      USA</b>		4. FEI Number <b>65-0913823</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>WAHNER, DAMIAN C 1700 S DIXIE HWY STE 103 BOCA RATON, FL 33432</b>			7. Name and Address of New Registered Agent Name <b>Arthur F. Tait, Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>5127 NW 26th Street</b> City <b>Ocala</b> <b>FL</b> Zip Code <b>34482</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 		<b>Arthur F. Tait, Jr.</b>		<b>2-1-07</b> <small>DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPDS WAHNER, GLENDA M 1290 NW 8TH ST. BOCA RATON, FL 33486</b> <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	<b>T WAHNER, XAVIER J 1290 NW 8TH STREET BOCA RATON, FL 33486</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P WAHNER, DAMIAN C 1700 S DIXIE HWY SUITE 103 BOCA RATON, FL 33432</b> <input checked="" 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.					
<b>SIGNATURE: </b>		<b>Xavier J. Wahner</b>		<b>2-22-2007</b> <b>561-392-5020</b> <small>Date      Daytime Phone #</small>	