

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000070616

Entity Name: O WOW TAX SERVICE, INC.

FILED
Jan 05, 2008
Secretary of State

Current Principal Place of Business:

820 PALM BAY RD., N.E., STE. 112
PALM BAY, FL 32905

New Principal Place of Business:

Current Mailing Address:

PO BOX 121325
W. MELBOURNE, FL 329121235

New Mailing Address:

FEI Number: 59-3592582

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'CONNOR, GRAYCE D
3617 WHISPERWOOD CIR.
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: O'CONNOR, GRAYCE D
Address: 3617 WHISPERWOOD CIRCLE
City-St-Zip: MELBOURNE, FL 32901

Title: VICE () Delete
Name: GORMAN, ROBERT J
Address: 5011 DIXIE HWY NE UNIT A-411
City-St-Zip: PALM BAY, FL 32905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VICE (X) Change () Addition
Name: GORMAN, ROBERT J
Address: 824 TAVERNIER CIRCLE NE
City-St-Zip: PALM BAY, FL 32905

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GRAYCE D O'CONNOR

PRES

01/05/2008

Electronic Signature of Signing Officer or Director

Date