2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2005 08:00 AM Secretary of State **DOCUMENT # S05645** 1. Entity Name TAMPA PALMS TAX AND ACCOUNTING, INC. Principal Place of Business Mailing Address 11731 N. 15TH STREET 11731 N. 15TH STREET TAMPA, FL 33612 TAMPA, FL 33612 03132005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3032309 Not Applicable \$8.75 Additional 5. Certificate of Status Desired anagagas an orang sa anagas anagagas sa arang sa arang Fee Required CALLEY THEY 6. Name and Address of Current Registered Agent JUNCAL, MARTHA DO NOT WRITE 11731 N. 15TH STREET TAMPA, FL 33612 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. (NOTE. Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME JUNCAL, MARTHA 11731 N 15TH STREET STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33612 - U00000340591 TITLE 04/28/05-80123-012 150.00 JUNCAL, MICHAEL NAME 11731 N 15TH STREET STREET ADDRESS TAMPA, FL 33612 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST ZIP TITLE NAME

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE: _ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS