2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V08778

Entity Name: EXPRESS TAX OF AMERICA, INC.

FILED May 01, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1020 HARTFORD AVENUE 739 MASON AVE

HOLLY HILL, FL 32117 DAYTONA BEACH, FL 32117

Current Mailing Address: New Mailing Address:

1020 HARTFORD AVENUE 739 MASON AVE

HOLLY HILL, FL 32117 DAYTONA BEACH, FL 32117

FEI Number: 59-3109242 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BENJAMIN, C H 1020 HARTFORD AVENUE BENJAMIN, C H 4491 STATE RD 11

HOLLY HILL, FL 32117 US DELEON SPRINGS, FL 32120 US

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: C H BENJAMIN 05/01/2006

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 BEACH, DEBRA M
 Name:
 BEACH, DEBRA M

 Address:
 1020 HARTFORD AVE.
 Address:
 4491 STATE RD 11

City-St-Zip: HOLLY HILL, FL 32117 City-St-Zip: DELEON SPRINGS, FL 32120

Title: DPT () Delete Title: DPT (X) Change () Addition Name: BENJAMIN, C H Name: BENJAMIN, C H

Address: 1020 HARTFORD AVE Address: 4491 STATE RD 11

City-St-Zip: HOLLY HILL, FL 32117 City-St-Zip: DELEON SPRINGS, FL 32120

I hereby certify that the information supplied with this filing does not qualify for the 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: DEBRA M BEACH D 05/01/2006