I hereby 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 all other like empowered.

PRESIDENT

SIGNATURE: GREGORY PLATTE

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail :

Title Р PLATTE, GREGORY A Name 4445 SAXON DRIVE Address

City-State-Zip: NEW SMYRNA BEACH FL 32169

FEI Number: 83-0342372

Name and Address of Current Registered Agent:

PLATTE, GREGORY A 4445 SAXON DRIVE

DOCUMENT# P02000114942

931 S. RIDGEWOOD AVE.

EDGEWATER, FL 32132

Current Mailing Address: 931 S. RIDGEWOOD AVE.

EDGEWATER, FL 32132

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NEW SMYRNA BEACH, FL 32169 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:

Electronic Signature of Registered Agent

Entity Name: THE TAX DOCTORS OF VOLUSIA COUNTY, P.A.

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

Certificate of Status Desired: No

01/31/2015

Date

Date