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.

SIGNATURE: PATINA POWELL

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000143859

Entity Name: DELIVERANCE TAX & BILLING SERVICES, INC.

Current Principal Place of Business:

2435 S FRENCH AVE SUITE A SANFORD, FL 32771

Current Mailing Address:

2435 S FRENCH AVE SUITE A SANFORD, FL 32771

FEI Number: 20-1124841

Name and Address of Current Registered Agent:

PATINA, POWELL T 1788 BELL AVE SANFORD, FL 32771 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

Officer/Director Detail :

Title	Р	Title	VP
Name	POWELL, PATINA T	Name	MONTGOMERY, SHAWANA S
Address	1788 BELL AVE	Address	8654 TRISTAN DR
City-State-Zip:	SANFORD FL 32771	City-State-Zip:	JACKSONVILLE FL 32210

FILED May 01, 2013 Secretary of State CC3463822324

Date

Certificate of Status Desired: No

05/01/2013

Date