


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90039 035 ***150.00

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| DOCUMENT # G32904 1. Entity Name ACCURACY COUNTS, INC. |  |
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| Principal Place of Business % LAWRENCE M. BAIRD 11285 S.W. 49TH STREET MIAMI FL 33165 | Mailing Address % LAWRENCE M. BAIRD 11285 S.W. 49TH STREET MIAMI FL 33165 |
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| 2. Principal Place of Business 11285 S.W. 49th St. Suite, Apt. #, etc. | 3. Mailing Address Same Suite, Apt. #, etc. |
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|---------------------------------------|--------------|--|--|
| City & State Miami, Florida | City & State | 4. FEI Number 59-2292210 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 33165 | Country | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |



MOORE CR2E034 (11/03)

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| 6. Name and Address of Current Registered Agent BAIRD, LAWRENCE M. 11285 S.W. 49TH STREET MIAMI FL 33165 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD BAIRD, LAWRENCE M. 11285 S. W. 49TH STREET MIAMI FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lawrence M. Baird 4/20/04 305-596-5833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #