2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000033767

Name: Address:

City-St-Zip:

Entity Name: AMERICAN TAX & ACCOUNTING SERVICES INC.

FILED Apr 25, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1057 DRAKEFEATHER DR 1855 WELLS ROAD ORANGE PARK, FL 32065 SUITE#8 ORANGE PARK, FL 32073 **Current Mailing Address:** New Mailing Address: 1057 DRAKEFEATHER DR 1855 WELLS ROAD. ORANGE PARK, FL 32065 SUITE#8 ORANGE PARK, FL 32073 FEI Number: 87-0691776 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: MUGHAL, MOHAMMAD A MUGHAL, MOHAMMAD A 1057 DRÁKEFEATHER DR 1855 WELLS ROAD ORANGE PARK, FL 32065 US SUITE#8 ORANGE PARK, FL 32073 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: MOHAMMAD A. MUGHAL 04/25/2006 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition MUGHAL, MOHAMMAD A MUGHAL, MOHAMMAD A Name: Name: 1057 DRAKEFEATHER DR 1855 WELLS ROAD, SUITE #8 Address: Address: City-St-Zip: ORANGE PARK, FL 32065 City-St-Zip: ORANGE PARK, FL 32073 Title: () Delete Title: VΡ () Change (X) Addition Name: Name: MUGHAL, KHALID A 1855 WELLS ROAD, SUITE #8 Address: Address: ORANGE PARK, FL 32073 City-St-Zip: City-St-Zip: Title: () Change (X) Addition Title: () Delete MUGHAL, MUHAMMAD I Name: Name: 1855 WELLS ROAD, SUITE # 8 Address Address: City-St-Zip: City-St-Zip: ORANGE PARK, FL 32073 Title: () Delete Title: VΡ () Change (X) Addition

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.

Name:

Address:

City-St-Zip:

MUGHAL, ZABÉEDA K

1855 WELLS ROAD, SUITE #8

ORANGE PARK, FL 32073

Ρ SIGNATURE: MOHAMMAD A. MUGHAL 04/25/2006