

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90005 026 \*\*\*150.00

<b>DOCUMENT # P03000071073</b>					
<b>1. Entity Name</b> ACCOUNTING, LEASING & TAX SERVICES, INC.					
<b>Principal Place of Business</b> 1801 S. FEDERAL HIGHWAY STE 219 DELRAY BEACH, FL 33483			<b>Mailing Address</b> 1801 S. FEDERAL HIGHWAY STE 219 DELRAY BEACH, FL 33483		
<b>2. Principal Place of Business - No P.O. Box #</b> 1730 S. FEDERAL HWY.		<b>3. Mailing Address</b> 1730 S. FEDERAL HWY.			
Suite, Apt. #, etc. 260		Suite, Apt. #, etc. 260			
<b>City &amp; State</b> DELRAY BEACH, FL.		<b>City &amp; State</b> DELRAY BEACH, FL.		<b>4. FEI Number</b> 36-4535061	
<b>Zip</b> 33483		<b>Country</b> US		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> TREMBLAY, W.J. 1801 S. FEDERAL HIGHWAY STE 219 DELRAY BEACH, FL 33483			<b>7. Name and Address of New Registered Agent</b> Name: TREMBLAY, W.J. Street Address (P.O. Box Number is Not Acceptable): 1730 S. FEDERAL HWY. STE. 260 City: DELRAY BEACH FL Zip Code: 33483		
<b>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.</b> SIGNATURE: <u>W. J. Tremblay</u> DATE: <u>01/31/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007, Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVSD MARSHALL, JOHN M 8893 SADDLEWOOD DR. JONESBORO, GA 30236	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TREMBLAY, W.J. 1801 S. FEDERAL HWY STE 219 DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE:</b> <u>W. J. Tremblay</u>			01/31/07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			243-6355		