



2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000134308 1. Entity Name COUNT ON US BOOKKEEPING, INC.	
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FILED
Sep 11, 2008 08:00 AM
Secretary of State

Principal Place of Business 148 MAJESTIC FOREST RUN SANFORD, FL 32771 US	Mailing Address 148 MAJESTIC FOREST RUN SANFORD, FL 32771 US
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DO NOT WRITE IN THIS SPACE



07072008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3565276	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
ARMSTRONG, WENDY 148 MAJESTIC FOREST RUN SANFORD, FL 32771

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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 _____ DATE _____

U00000959498
 09/11/08-80003-015 150.00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
 Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE	PS D
NAME	GAW, KIM
STREET ADDRESS	2845 ARAGON TERR
CITY - ST - ZIP	LAKE MARY, FL 32746
TITLE	VT D
NAME	ARMSTRONG, WENDY
STREET ADDRESS	148 MAJESTIC FOREST RUN
CITY - ST - ZIP	SANFORD, FL 32771
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE

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.

SIGNATURE: Wendy L. Armstrong Wendy L. Armstrong 9/5/08 407-688-8263

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #