FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 P9700005848 (1) DOCUMENT # ACCOUNTING CONSULTANTS, INC. Principal Place of Business Mailing Address C/O CAROL MCATEE C/O CAROL MCATEE 7973 THIRD AVENUE SOUTH 7973 THIRD AVENUE SOUTH DO NOT WRITE IN THIS SPACE ST PETERSBURG FL 33707 ST PETERSBURG FL 33707 3. Date Incorporated or Qualified 01/15/1997 2. Principal Place of Business 2s. Mailing Address Applied For 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 Trust Fund Contribution Added to Fees Zip Country Country Zm 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 Yes Yes 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MCATEE, CAROL CPA 7973 THIRD AVENUE SOUTH 82 Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG FL 33707 83 84 Zip Code City 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature types or present name of registered agent and the diapplicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 President DELETE Change Addition 1.1 TITLE TITLE Carol M'Atre NAME 1.2 NAME 7973 Third Avenue STREET ADDRESS 1.3 STREET ADDRESS St. Petersburg & 33707 CITY ST- ZIP 1.4 CITY - ST- ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2. 4 City-St-ZiP DELETE 3.1 TITLE Change Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP CITY-\$T-ZIP TITLE DELETE 4.1 TITLE Change ___ Addition 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 51 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. Thereby 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 annual report or supplemental annual 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 trustoe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter, or on an alterburent with an address.

CITY-ST-ZIP

CAROL MI ALCE

4/28/09 012-327-1999

FILED

May 22 1998 8:00am

Secretary of State