


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90164 050 ***150.00

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| DOCUMENT # P99000097096 | |  | |
| 1. Entity Name ACCURATE FINANCE MANAGEMENT, INC. | | | |
| Principal Place of Business 100 DRIFTWOOD LANE LARGO, FL 33770 | | Mailing Address 100 DRIFTWOOD LANE LARGO, FL 33770 | |
| 2. Principal Place of Business 202 Garden Circle | | 3. Mailing Address 202 Garden Circle | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Belleair, FL. | | City & State Belleair, FL. | |
| Zip 33756 | | Country U.S.A. | |
| 4. FEI Number 59-3609353 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CHOWDHURY, KRISTIN 100 DRIFTWOOD LANE LARGO, FL 33770 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 202 Garden Circle City Belleair FL Zip Code 33756 | |
| 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: <u>Kristin Chowdhury</u> Kristin Chowdhury 4/24/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD CHOWDHURY, KRISTIN 100 DRIFTWOOD LANE LARGO, FL 33770 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 202 Garden Circle Belleair, FL. 33756 |
| 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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| 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: <u>Kristin Chowdhury</u> Kristin Chowdhury | | 4/24/06 Date Daytime Phone # | |