, 2006 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 27, 2006 08:00 AM **Secretary of State DOCUMENT #453738** ACCURATE EQUIPMENT SERVICE, INC. Principal Place of Business. Malling Address 10205 US HWY 92E 10205 US HWY 92E TAMPA, FL 33610 TAMPA, FL 33610 02082008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1534135 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Π Fee Required 8. Name and Address of Current Registered Agent NELSON, ANTHONY DO NOT WRITE 10205 US HWY 92E TAMPA, FL 33610 IN THIS SPACE 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_ Signature, typed is printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) S. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE ANTHONY JR, NELSON G. NAME 10425 TANNER RD STREET ADDRESS TAMPA, FL 33610 CLTY-ST-ZIP 000000449628 TITLE TS ANTHONY, CAROLINE 03/09/06-80063-001 150.00 NAME STREET ADDRESS 10425 TANNER RD CITY-ST-ZIP **TAMPA, FL 33610** TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

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 path; 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MANUAL AND TYPEU OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

913-621-7984

FILED