2008 FOR PROFIT CORPORATION

Mar 24, 2008 08:00 A **ANNUAL REPORT** Secretary of State **DOCUMENT # 469695** 1. Entity Name AUTOMATED ACCOUNTING FOR SMALL BUSINESS, INC. Principal Place of Business Mailing Address 9350 S DIXIE HWY 9350 S DIXIE HWY **SUITE 210 SUITE 210** MIAMI, FL 33156 MIAMI, FL 33156 No Chg-P CR2E034 (11/05) 03222008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1579892 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KUHN, JAMES R. DO NOT WRITE 6730 SW 104 ST. MIAMI, FL 33156 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent aigneture required when reinstating) 9. Election Campaign Financing \$5.00 May Be 04/09/08-80014-020 150.00 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE KUHN, JAMES R. NAME 6730 SW 104 ST. STREET ADDRESS MIAMI, FL 33156 CITY-ST-ZIP Πη NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filling 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

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

305-670-2572

FILED