FILED
Sep 06, 2007 08:00 AM
Secretary of State

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F04000003072

1. Entity Name
ACCULIST, INC.

Principal Place of Business	Mailing Address
4480 MARKET ST STE. 804 VENTURA, CA 93003	4480 MARKET ST STE. 804 VENTURA, CA 93003

DO NOT WRITE IN THIS SPACE

08282007 No Chg-P CR2E034 (11/05)

4. FEI Number
52-2400512
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHERMAN, MARK
1640 JEFFERSON ST.
HOLLYWOOD, FL 33020

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

FILE NOW!!! FEE IS $550.00
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	CVCD
NAME	KANTER, DAVID
STREET ADDRESS	4480 MARKET ST STE. 804
CITY-ST-ZIP	VENTURA, CA 93003
TITLE	PVPS
NAME	KANTER, DAVID
STREET ADDRESS	4480 MARKET ST STE. 804
CITY-ST-ZIP	VENTURA, CA 93003
TITLE	T
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TITLE	
NAME	
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CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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09/06/07-80003-002 158.75

DO NOT WRITE 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: David M. Kanter 8-28-07 805-644-196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #