
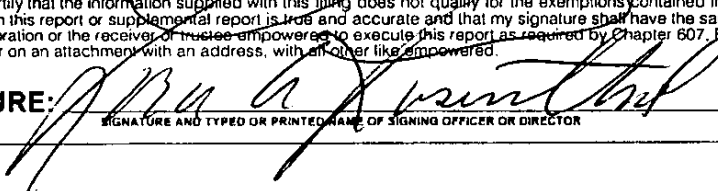


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90406 011 \*\*\*150.00

<b>DOCUMENT # F06000002132</b>					
<b>1. Entity Name</b> ACCURATE LEGAL SERVICES, INC.					
<b>Principal Place of Business</b> 127 WEST SUFFOLK AVE CENTRAL ISLIP, NY 11722			<b>Mailing Address</b> 127 WEST SUFFOLK AVE CENTRAL ISLIP, NY 11722		
<b>2. Principal Place of Business - No P.O. Box #</b> 128 CARLETON AVE		<b>3. Mailing Address</b> 128 CARLETON AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> EAST ISLIP, NY		<b>City &amp; State</b> EAST ISLIP, NY		<b>4. FEI Number</b> 20-4146022	
Zip 11730		Country US		Applied For Not Applicable	
Zip 11730		Country US		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> CRAWFORD, GEORGE 1817 BALDWIN STREET ROCKLEDGE, FL 32955			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Trust Fund Contribution.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> CVCD	<b>NAME</b> ROSENTHAL, LORA A		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 127 WEST SUFFOLK AVE	<b>CITY - ST - ZIP</b> CENTRAL ISLIP, NY 11722		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> PVST	<b>NAME</b> ROSENTHAL, LORA A		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 127 WEST SUFFOLK AVE	<b>CITY - ST - ZIP</b> CENTRAL ISLIP, NY 11722		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY - ST - ZIP		<input type="checkbox"/> Delete		
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY - ST - ZIP		<input type="checkbox"/> Delete		
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY - ST - ZIP		<input type="checkbox"/> Delete		
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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 another like empowered.</b>					
<b>SIGNATURE:</b>  <b>4/21/08</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					