



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90344 027 \*\*\*150.00

<b>DOCUMENT # F07965</b> 1. Entity Name <b>FILER ACCOUNTING CORP.</b>					
Principal Place of Business <b>1007 OAKRIDGE MANOR DR BRANDON, FL 33511 US</b>			Mailing Address <b>1007 OAKRIDGE MANOR DR BRANDON, FL 33511 US</b>		
2. Principal Place of Business <b>2509 Martucci Rd.</b>		3. Mailing Address <b>2509 Martucci Rd</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Seffner FL.</b>		City & State <b>Seffner FL.</b>			
Zip <b>33584</b>		Country <b>Hillsborough</b>		4. FEI Number <b>59-2044182</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Name and Address of Current Registered Agent <b>FILER, PAUL W 1007 OAKRIDGE MANOR DR BRANDON, FL 33511</b>			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2509 Martucci Rd</b> City <b>Seffner</b> <b>FL</b> Zip Code <b>33584</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.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FILER, PAUL W 1007 OAKRIDGE MANOR DR BRANDON, FL		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2509 Martucci Rd Seffner FL 33584</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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
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.					
<b>SIGNATURE:</b> <u>Paul W Filer</u> <b>Paul W Filer</b>			Date <u>4/20/06</u> Daytime Phone # <u>&lt;813&gt;7654-8992</u>		