2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90252 030 ***150.00

DOCUMENT # G11514

1. Entity Name
SOUTHEAST ACCOUNTING AND TAX GROUP INC.

Principal Place of Business
~~713 EAST ATLANTIC BLVD~~
~~POMPANO BEACH, FL 33060-6345 US~~

Mailing Address
~~713 EAST ATLANTIC BLVD~~
~~POMPANO BEACH, FL 33060-6345 US~~

01042007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
440 N.W. 11TH AVE
Suite, Apt. #, etc.

3. Mailing Address
440 N.W 11TH AVE
Suite, Apt #, etc

City & State: BOCA RATON FL
Zip: 33486 Country: PALM BEACH

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Zip: 33486 Country: PALM BEACH

4. FEI Number: 59-2237670 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

JACOBSEN, PETER
~~713 EAST ATLANTIC BLVD~~
~~POMPANO BEACH, FL 33060~~ 6345

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
440 N.W 11TH AVE

City BOCA RATON FL Zip Code 33486

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 or printed and date, expired, under and title if applicable (NOTE: Registered Agent signature required if filing for staying) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PDT ☐ Delete
NAME	JACOBSEN, PETER
STREET ADDRESS	~~713 EAST ATLANTIC BLVD~~
CITY ST ZIP	~~POMPANO BEACH, FL 330606~~345
TITLE	SD ☐ Delete
NAME	JACOBSEN, BEVERLY
STREET ADDRESS	~~713 EAST ATLANTIC BL~~VD.
CITY ST ZIP	~~POMPANO BEACH, FL 330606~~345
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY ST ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	440 N.W 11TH AVE
CITY ST ZIP	BOCA RATON FL 33486
TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	440 NW 11TH AVE
CITY ST ZIP	BOCA RATON FL 33486
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	☐ Change ☐ Addition
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 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: Peter Jacobsen PETER JACOBSEN 4/4/07 (561) 392-9921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #