## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Mar 24, 2006 8:00 am Secretary of State 03-24-2006 90019 002 \*\*\*150.00

Malling Address 22.5 SE 47TH TERR CAPE CORAL, FL 33904  2. Principal Place of Business 32.5 SE 47TH TERR CAPE CORAL, FL 33904  2. Principal Place of Business 3. Malling Address 3. Mall	1. Entity Name ACCOUNTING SPECIALISTS INTERNATIONAL, INC.							, • ·			
2. Principal Place of Business  Sulfe, Apt. #, etc.  Sulfe, Apt. #, etc.  Sulfe, Apt. #, etc.  City & State  City	Principal Place of Business Mailing Address						- 44				
Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Ci	825 SE 47TH TERR			825 SE 47TH TERR							
City & State  Country  Country  Country  Country  Country  Country  Country  S. Certificate of Status Deared S. Additional Foe Required S. Name and Address of Current Registered Agent  Name  Name  Name  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  A. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with	2. Principal Pl	lace of Business		3. Mailing Address							
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S. Certificate of Status Desired Status Desired Status Desired Specification of Status Desired	City & State			City & State			1				
SHAW, CLAUDIA 825 SE 47TH TERR CAPE CORAL, FL 33904    City	Zip					y	5. Certificate	e of Status Desired			
SHAW, CLAUDIA 825 SE 47TH TERR CAPE CORAL, FL 33904    City   FL   Zip Code	6. Name and Address of Current Registered Agent										
Street Address (P.O. Box Number is Not Acceptable)  City  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent.  SIGNATURE  Signature, needs or order name of registered agent and the Flackcabe.  (NOTE Registered Agent streams)  PILE NOWILI FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  PECICION Compaging Financing Trust Fund Contribution.  Int.  BAHAW, CLAUDIA  SIREE ADDRESS CITY-ST-2P  INT.  Debte  NAME SIREE ADDRESS CITY-ST-2P  INT.  NAME  Debte  INT.  SIREE ADDRESS CITY-ST-2P  INT.  NAME  SIREE ADDRESS CITY-ST-2P  INT.  NAME  Debte  INT.  NAME  Debte  INT.  SIREE ADDRESS CITY-ST-2P  INT.  NAME  Debte  INT.  Debte  INT.  NAME  Debte  INT.  SIREE ADDRESS CITY-ST-2P	SHAW CLAUDIA					Name					
B. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Suprave, typed or prived reme of registered agent and steel appets and steel appets and steel appets. (NOTE: Registered Agent appets agent are required when remarking)  PILE NOW!!! FEE IS \$150,00  After May 1, 2006 Fee will be \$550,00  OFFICERS AND DIRECTORS  Int.  PD  OFFICERS AND DIRECTORS  Int.  NAME SHAW, CLAUDIA SIREET ADDRSS CITY-S1-2P  CAPE CORAL, FL 33904  Int.  NAME SIREET ADDRSS CITY-S1-2P  I	825 SE 47TH TERR					Street Address (P.O. Box Number is Not Acceptable)					
B. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Suprave, typed or prived reme of registered agent and steel appets and steel appets and steel appets. (NOTE: Registered Agent appets agent are required when remarking)  PILE NOW!!! FEE IS \$150,00  After May 1, 2006 Fee will be \$550,00  OFFICERS AND DIRECTORS  Int.  PD  OFFICERS AND DIRECTORS  Int.  NAME SHAW, CLAUDIA SIREET ADDRSS CITY-S1-2P  CAPE CORAL, FL 33904  Int.  NAME SIREET ADDRSS CITY-S1-2P  I											
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After May 1, 2006 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE   PD	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
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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 eath; that I am an officer or director		L certify that the informa	tion supplied with th	nis filing does not qualify for			ed in Chapter 1	19, Florida Statutes. I	further certi	ify that the in	nformation