2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H47608

FILED Mar 18, 2009 Secretary of State

Entity Name: COMPUTERIZED ACCOUNTING & BUSINESS SERVICES, INC.

Current Principal Place of Business:		New Principal Place of Business:		
21751 CO EUSTIS, F		US		
urrent N	lailing Add	ress:	New Mailing Addres	s:
21751 CO EUSTIS, F		US		
El Number	: 59-2499656	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	d Address o	f Current Registered Agent:	Name and Address of	of New Registered Agent:
VASHBUI 21751 CO EUSTIS, F	RN, ETHEL RD 44A FL 32736	B. US		
	e named enti e of Florida.	ty submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
	e of Florida.	ty submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
the State	e of Florida. RE:	ty submits this statement for the		ed office or registered agent, or both, Date
the State	e of Florida. RE: Elect	-		
n the State	e of Florida. RE: Elect	ronic Signature of Registered Ag	gent	
n the State SIGNATUI Iection Car DFFICER: title: ame: ddress:	e of Florida. RE: Elect mpaign Finance S AND DIRI D WASHBURN	ronic Signature of Registered Ageing Trust Fund Contribution (). ECTORS: () Delete I, ETHEL B. NTY ROAD 44A	gent	Date
the State	e of Florida. RE: Elect mpaign Finance S AND DIRI D WASHBURN 21751 COUL EUSTIS, FL P SIKES, MAR	ronic Signature of Registered Ageing Trust Fund Contribution (). ECTORS: () Delete I, ETHEL B. NTY ROAD 44A 32736 () Delete RSHALL C UNTY RD 44A	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ETHEL B. WASHBURN TREA 03/18/2009