## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H89177

FILED Apr 07, 2007 Secretary of State

Entity Name: ASSOCIATES ACCOUNTING & TAX SERVICES, INC.

Current Principal Place of Business: New Principal Place of Business:

1900 W COMMERCIAL BLVD STE. 20

FORT LAUDERDALE, FL 33309 US

Current Mailing Address: New Mailing Address:

P.O. BOX 590910

FT. LAUDERDALE, FL 333590910 US

FEI Number: 59-2612101 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FOREST, CATHERINE PVSD 1900 W COMMERCIAL BLVD

FT. LAUDERDALE, FL 33309 US

1900 W COMMERCIAL BLVD STE. 20

FOREST, MICHAEL E PD

FT. LAUDERDALE, FL 33309 US

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.

SIGNATURE: MICHAEL E. FOREST 04/07/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVSD () Delete Name: FOREST, CATHERINE

Address: 1900 W COMMERCIAL BLVD, STE. 20
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: ( ) Delete

Name: Address: City-St-Zip: Title: PD (X) Change ( ) Addition

Name: FOREST, MICHAEL E

Address: 1900 W COMMERCIAL BLVD, STE. 20
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: VSD ( ) Change (X) Addition

Name: FOREST, CATHERINE

Address: 1900 W COMMERCIAL BLVD, STE 20 City-St-Zip: FORT LAUDERDALE, FL 33309 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL E FOREST PD 04/07/2007