

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# J32942

FILED
Jul 02, 2009
Secretary of State**Entity Name:** COMMUNITY ACCOUNTING AND MANAGEMENT, INC.**Current Principal Place of Business:**40347 US 19 N
SUITE #129
TARPON SPRINGS, FL 34689 US**New Principal Place of Business:****Current Mailing Address:**40347 US 19 N
SUITE #129
TARPON SPRINGS, FL 34689 US**New Mailing Address:****FEI Number:** 59-2713490**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SPOONSTER, JANET K.
40347 US 19 N
SUITE #129
TARPON SPRINGS, FL 34689 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: SPOONSTER, JANET K.
Address: 934 SEMINOLE BLVD.
City-St-Zip: TARPON SPRINGS, FL**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D () Change (X) Addition
Name: HUBER, CAROL S
Address: 13002 MIDVALE AVE
City-St-Zip: NEW PORT RICHEY, FL 34654 US

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: CAROL S HUBER

D

07/02/2009

Electronic Signature of Signing Officer or Director

Date