2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State
01-23-2006 90111 001 ***150.00

DOCUMENT # J68351

1. Entity Name
ACCUREG, INC.

Principal Place of Business	Mailing Address
7501 NW 4TH STREET ST E210 PLANTATION, FL 33317 US	7501 NW 4TH STREET ST E210 PLANTATION, FL 33317 US

01092006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
8930 State Road 84	4400 SW 95th Avenue
Suite, Apt. #, etc.: #331	Suite, Apt. #, etc.
City & State: Davie FL	City & State: Davie FL
Zip: 33324 Country: USA	Zip: 33328 Country: USA

4. FEI Number: 59-2796537 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SILVESTRI, LOUI
7501 NW 4TH STREET
STE 210
PLANTATION, FL 33317

7. Name and Address of New Registered Agent

Name: Silvestri, Loui
Street Address (P.O. Box Number is Not Acceptable): 4400 SW 95th Avenue
City: Davie FL Zip Code: 33328

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 name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT SILVESTRI, LOUI 7501 NW 4TH STREET STE 210 PLANTATION, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 4400 SW 95th Avenue Davie FL 33328
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS MANDLI, DIANA 7501 NW 4TH STREET SUITE 210 PLANTATION, FL 33317	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 4400 SW 95th Avenue Davie FL 33328
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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 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: Loui J. Silvestri, President/Director 01/20/2006 954-641-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #