2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

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Jan 16, 2007 8:00 am Secretary of State **DOCUMENT # J68351** 01-16-2007 90203 026 ***150.00 1. Entity Name ACCUREG, INC. Principal Place of Business Mailing Address 8930 STATE RD 84 #331 4400 SW 95TH AVE 60000851 ST E210 **DAVIE, FL 33328 DAVIE, FL 33324** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 4400 SW 95th Ave Suite, Apt. #, etc. 01032007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-2796537 Not Applicable Country Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SILVESTRI, LOUI Street Address (P.O. Box Number is Not Acceptable) 4400 SW 95TH AVE **DAVIE, FL 33328** Zip Code FL 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 lite if approache (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11 DPT TITLE ☐ Change ☐ Addition TITLE ☐ Delete SILVESTRI, LOUI NAME NAME 4400 SW 95TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF **DAVIE, FL 33328** DS ☐ Delete ☐ Change Addition MANDLI, DIANA NAME NAME STREET ADDRESS 4400 SW 95TH AVE STREET ADDRESS CITY-ST-ZIP **DAVIE, FL 33328** CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ■ Addition Detete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

954-641-6400