


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90031 030 ***150.00

DOCUMENT # J72748		
1. Entity Name CHANDRAKUAR ACCOUNTING SERVICES, INC.		

Principal Place of Business 2469 FIANCISCAN DR 8625 GUNN APT #3 CLEARWATER, FL 33763-3264 ODESSA FL 33556	Mailing Address 2469 FIANCISCAN DR SAME APT #3 CLEARWATER, FL 33763-3264
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01252006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2775012	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CHANDRAKUAR, KARMACHAND 5113 PENNSBURY DRIVE TAMPA, FL 33624

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CHANDRAKUAR, KARAMCHAND 5113 PENNSBURY DR. TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHANDRAKUAR, DALLINI 5113 PENNSBURY DR. TAMPA, FL 33624
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <u>Chandrukar</u> <u>President</u> <u>2/21/06</u> <u>813 920 1085</u>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	DayTime Phone #
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