2004 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Apr 29, 2004 08:00 AM Secretary of State DOCUMENT # J90754 1. Entity Name COMMERCIAL BOOKKEEPING SERVICE, INC. Principal Place of Business Mailing Address 7384 CENTRAL INDUSTRIAL DR. P.O. BOX 530075 WEST PALM BEACH, FL 33404 LAKE PARK, FL 33403 US No Chg-P CR2E034 (10/03) 01052004 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2841523 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE REGAL, LINDA M. 7384 E. INDUSTRIAL DR. WEST PALM BEACH, FL 33404 IN THIS SPACE 1. 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, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. THE REGAL, LINDA M. NAME 3672 E. INDUSTRIAL WAY STREET ADDRESS CITY-ST-ZIP W. PLM. BCH., FL MIE NAME STREET ADDRESS CITY-ST-7IP TITLE MAKE. STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-78P TITLE

I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), 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 it made under eath; 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:

NAME STREET ADDRESS CITY - ST - ZIP