2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005
Secretary of State

DOCUMENT# L14337

Entity Name: ACCS, INC.

Current Principal Place of Business:

400 COMMERCE WAY
108
LONGWOOD, FL 32750 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 52-1493
LONGWOOD, FL 327521492 US

New Mailing Address:

FEI Number: 59-2968662 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KRAIS, DAVID A.
206 E. OAKHURST ST.
ALTAMONTE SPRINGS, FL 32701 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KRAIS, DAVID A
Address: 206 E. OAKHURST ST.
City-St-Zip: ALTAMONTE SPRINGS, FL

Title: VIT (X) Delete
Name: MASTERS, TROY A
Address: 955 W. BLUE SPRINGS AVENUE
City-St-Zip: ORANGE CITY, FL 32763

Title: VMPS ( ) Delete
Name: KRUSE, PAUL H
Address: 11 DIAL AVE
City-St-Zip: DEBARY, FL 32713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPST (X) Change ( ) Addition
Name: KRUSE, PAUL H
Address: 11 DIAL AVE
City-St-Zip: DEBARY, FL 32713

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAIME M. JEROME OM 01/20/2005

Electronic Signature of Signing Officer or Director Date