2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr.30, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # L38763 1. Entity Name ACCU-PLUS, INC. Principal Place of Business Mailing Address 406 ALMANSA ST. NE 406 ALMANSA ST. NE PALM BAY, FL 32907 PALM BAY, FL 32907 CR2E034 (10/03) 04262004 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2997663 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent DO NOT WRITE LAGANO, ALBERT S 551 S APOLLO BLVD MELBOURNE, FL 32901 IN THIS SPACE 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 Squarure, typed or privated name of regressered agent and take if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 П U00000143489 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DPST TITLE LAZUSKY, MARGARET L STREET ADDRESS 406 ALMANSA ST. NE CITY-ST-ZIP PALM BAY, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STTY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

MOCOUNT THEO OF PRINTED NAME OF BIGHING OFFICER OF DIRECTION

4/2/04/ 331-700-96-

FILED