2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M30024

FILED Jan 10, 2006 Secretary of State

: ACCOUS	TICAL ENTERPRISES, INC.			
cipal Place	of Business:	New Principal Place	New Principal Place of Business:	
DGE DR 34691				
ing Addres	s:	New Mailing Address	New Mailing Address:	
DGE DR 34691				
-2708073	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
		ourpose of changing its registered	d office or registered agent, or both,	
		ent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
ANNA, ROBÈR 811 WINDRIDO	T J., GE DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
ANNA, ROBÈR 10-292, 40 WE	T C. ST LITTLETON BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
	cipal Place DGE DR 34691 ing Address DGE DR 34691 -2708073 idress of C DGE DR. 34691 L med entity s Florida. Electroni ign Financing ND DIRECT S () ANNA, ROBER 311 WINDRIDG OLIDAY, FL 3: S () ANNA, ROBER 10-292, 40 WE	ing Address: DGE DR 34691 2708073 FEI Number Applied For () Iddress of Current Registered Agent: DGE DR. 34691 US med entity submits this statement for the provide. Electronic Signature of Registered Agenting Financing Trust Fund Contribution (). ND DIRECTORS: S () Delete ANNA, ROBERT J., B11 WINDRIDGE DRIVE OLIDAY, FL 34691	Cipal Place of Business: DGE DR 34691 Ing Address: New Mailing Address DGE DR 34691 PEI Number Applied For () FEI Number Not Applicable () Iddress of Current Registered Agent: Name and Address of Current Registered Agent: DGE DR 34691 US Med entity submits this statement for the purpose of changing its registered Florida. Electronic Signature of Registered Agent ign Financing Trust Fund Contribution (). ND DIRECTORS: S () Delete Name: Address: City-St-Zip: S () Delete Name: Address: City-St-Zip: S () Delete Name: AMNA, ROBERT C. Name: ANNA, ROBERT C. Name: Address: Name: Address: Address: Name: Address: Address: Name: Address: Address: Address: Address: Address:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ROBERT J. HANNA DS 01/10/2006