2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P00000052653

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ACCURATE DOCUMENT DESTRUCTION, INC. Mailing Address Principal Place of Business 50006106 3762 E INDUSTRIAL WAY 3762 E INDUSTRIAL WAY WEST PALM BEACH, FL 33404 WEST PALM BEACH, FL 33404 2. Principal Place of Business 3. Mailing Address 1070 E. Indiantown Rd 1070 E. Indiantown Rd Suite, Apt. #, etc 01142005 CR2E034 (10/03) Cha-P Ste 308 City & State 4. FEI Number Applied For 65-1012303 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired □ ~ ISA Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name CIOFFI, JAMES A Street Address (P.O. Box Number is Not Acceptable) 250 TEQUESTA DR, SUITE 200 TEQUESTA, FL 33469 City Zip Code FL 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. Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change Addition NAME SACCO, RONALD NAME 1070 E. Indiantaux Rd Ste308 3762 E INDUSTRIAL WAY STREET ADDRESS STREET ADDRESS WEST PALM BEACH, FL 33404 CITY-ST-ZIP CITY-ST-ZIP Jupiter PL 33477 TITLE ☐ Delete IINF Change - - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete _ ☐ Change ☐ Addition TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIBLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

.12. Thereby 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 shell-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: