2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006
Secretary of State

DOCUMENT# P01000005756

Entity Name: ACCOUNTING TECHNOLOGY SOLUTIONS, INC.

Current Principal Place of Business:

555 S POWERLINE RD
POMPANO BEACH, FL 33069

New Principal Place of Business:

2610 PALM-AIRE DRIVE NORTH
POMPANO BEACH, FL 33069

Current Mailing Address:

555 S POWERLINE RD
POMPANO BEACH, FL 33069

New Mailing Address:

2610 PALM-AIRE DRIVE NORTH
POMPANO BEACH, FL 33069

FEI Number: 65-1067167 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PERRELLA, TED L
555 S POWERLINE RD
POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

PERRELLA, TED L
2610 PALM-AIRE DRIVE NORTH
POMPANO BEACH, FL 33069 US

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: 04/21/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PERRELLA, TED L
Address: 1521 SW 2 AVE.
City-St-Zip: POMPANO BEACH, FL 33060

Title: D ( ) Delete
Name: SAUER, VICTORIA A
Address: P O BOX 934984
City-St-Zip: MARGATE, FL 330934984

Title: D (X) Delete
Name: SAUER, VICTORIA A
Address: PO BOX 934984
City-St-Zip: MARGATE, FL 33093

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: VICTORIA A SAUER D 04/21/2006
Electronic Signature of Signing Officer or Director — Date