

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000005756

FILED
Apr 30, 2009
Secretary of State

Entity Name: ACCOUNTING TECHNOLOGY SOLUTIONS, INC.

Current Principal Place of Business:

1000 WEST MCNAB ROAD
SUITE 109
POMPANO BEACH, FL 33069 US

Current Mailing Address:

1000 WEST MCNAB ROAD
POMPANO BEACH, FL 33069

New Principal Place of Business:

1995 E OAKLAND PARK BLVD
SUITE 315
FT LAUDERDALE, FL 33306 US

New Mailing Address:

1995 E OAKLAND PARK BLVD
SUITE 315
FT LAUDERDALE, FL 33306

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
1000 WEST MCNAB ROAD
POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

PERRELLA, TED L
1995 E OAKLAND PARK BLVD
SUITE 315
FT LAUDERDALE, FL 33306 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: TED PERRELLA

04/30/2009

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: POMPANNO BEACH, FL 33060

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: SAUER, VICTORIA A
Address: 1995 E OAKLAND PARK BLVD
City-St-Zip: FT LAUDERDALE, FL 33306

I hereby certify that the information supplied with this filing does not qualify 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 SAUER

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date