

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000016395

Entity Name: ANDERSON ACCOUNTING, INC.

FILED
May 01, 2007
Secretary of State

Current Principal Place of Business:

820 LAKE KATHRINE CIRCLE
CASSELBERRY, FL 32707

New Principal Place of Business:

820 LAKE KATHRYN CIRCLE
CASSELBERRY, FL 32707

Current Mailing Address:

PO BOX 683425
ORLANDO, FL 32868

New Mailing Address:

PO BOX 952018
LAKE MARY, FL 32868

FEI Number: 59-3698498

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, RALPH
820 LAKE KATHRINE CIRCLE
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

ANDERSON, RALPH
820 LAKE KATHRYN CIRCLE
CASSELBERRY, FL 32707 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:

05/01/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ANDERSON, SHONDA
Address: 1007 TUDHOPE COURT
City-St-Zip: SANFORD, FL 32773

Title: VSTD () Delete
Name: ANDERSON, RALPH
Address: 1007 TUDHOPE COURT
City-St-Zip: SANFORD, FL 32773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ANDERSON, SHONDA
Address: 1620 LITTLE GEM LOOP
City-St-Zip: SANFORD, FL 32773

Title: VSTD (X) Change () Addition
Name: ANDERSON, RALPH
Address: 1620 LITTLE GEM LOOP
City-St-Zip: SANFORD, FL 32773

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: SHONDA ANDERSON

P

05/01/2007

Electronic Signature of Signing Officer or Director

Date