2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 02, 2005 08:00 AV **Secretary of State** DOCUMENT # P01000021137 ALL INCLUSIVE ACCOUNTING, INC. Principal Place of Business Mailing Address 1583 S. BELCHER RD. 1583 S. BELCHER RD. SUITE A SUITE A CLEARWATER, FL 33764 CLEARWATER, FL 33764 04292005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3706618 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GENTRY, TERESA L DO NOT WRITE 1583 S. BELCHER RD. SUITE A CLEARWATER, FL 33764 IN THIS SPACE 3. 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. (NOTE Registered Agent signature required when reinstating) Signature, typed of printed name of registered agent and life II applicable DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution 10. OFFICERS AND DIRECTORS TITLE ח GENTRY, TERESA L NAME STREET ADDRESS 1583 S. BELCHER RD., SUITE A CITY-ST-ZIP CLEARWATER, FL 33764 U00000354922 TITLE 05/03/05-80126-023 150.00 NAME STREET ADDRESS CITY-ST-ZIP IIIIE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE **IN THIS SPACE** NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CTTY-ST-ZIP mle NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes 1 further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME O

FILED