

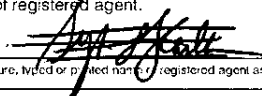

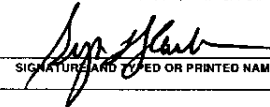


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90065 005 ***150.00

DOCUMENT # P01000104523 1. Entity Name ACCOUNTABILITY SPECIALISTS, INC.					
Principal Place of Business 1044 BEDFORD AVENUE PALM BEACH GARDENS, FL 33403-1117				Mailing Address 1044 BEDFORD AVENUE PALM BEACH GARDENS, FL 33403-1117	
2. Principal Place of Business 8409 N Military Tr. Suite, Apt. #, etc. 118		3. Mailing Address 8409 N Military Tr. Suite, Apt. #, etc. 118			
City & State Palm Beach Gardens, FL		City & State P.B. Gardens, FL		4. FEI Number 80-0011727	
Zip 33410		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARLTON, SYLVIA J 1044 BEDFORD AVENUE PALM BEACH GARDENS, FL 33403-1117				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title, if applicable.</small> </div> <div style="width: 45%; text-align: right;">  <small>DATE</small> </div> </div>					
<input checked="" type="checkbox"/> FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD WEST, JENNIFER B 1100 RAINWOOD CIR PALM BEACH GARDENS, FL 334105235	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CARLTON, SYLVIA J 1044 BEDFORD AVENUE PALM BEACH GARDENS, FL 334031117	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 20%; text-align: center;"> 2/7/05 <small>Date</small> </div> <div style="width: 30%; text-align: right;"> 561-296-4700 <small>Daytime Phone #</small> </div> </div>					