

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90331 032 ***150.00

DOCUMENT # P02000062886					
1. Entity Name EXECUTIVE BOOKKEEPING SERVICES, INC.					
Principal Place of Business 7 IRONWOOD WAY NORTH PALM BEACH GARDENS, FL 33418			Mailing Address 7 IRONWOOD WAY NORTH PALM BEACH GARDENS, FL 33418		
2. Principal Place of Business 270 Swan Lane Suite, Apt. #, etc.		3. Mailing Address 270 Swan Lane Suite, Apt. #, etc.		(P02000062886P)	
City & State Jupiter, FL Zip 33458 Country USA		City & State Jupiter, FL Zip 33458 Country USA		04132005 Chg-P CR2E034 (10/03)	
4. FEI Number 01-0715452				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POYNER, TYRA 7 IRONWOOD WAY NORTH PALM BEACH GARDENS, FL 33418			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 270 Swan Lane City Jupiter FL Zip Code 33458		
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. SIGNATURE: <u>Tyra Poyner</u> (NOTE: Registered Agent signature required when re-registering) DATE: <u>4.15.05</u>					
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	PS POYNER, TYRA 7 IRONWOOD WAY NORTH PALM BEACH GARDENS, FL 33418		TITLE NAME STREET ADDRESS CITY-ST-ZIP	270 Swan Lane Jupiter FL 33458	
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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.					
SIGNATURE: <u>Tyra Poyner</u>			DATE: <u>4.15.05</u> DAYTIME PHONE: <u>561.630.4057</u>		

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