2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 27, 2006 08:00 AM **Secretary of State** DOCUMENT'#P02000082423 ACCURATE IRRIGATION, INC. Principal Place of Business Mailing Address 8841 96TH CT 8841 96TH CT VERO BCH, FL 32967 VERO BCH, FL 32967 02162006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 76-0707446 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VEREEN, BARBARA A DO NOT WRITE 8841 96TH CT VERO BCH, FL 32967 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE VEREEN, SCOTT A NAME STREET ADDRESS 8841 96TH CT CITY-ST-ZIP VERO BCH, FL 32967 VEREEN, BARBARA A NAME THE REPORT OF THE PARTY OF THE 8841 96TH CT STREET ADDRESS 14/11/06 80012-015 150.00 **VERO BCH, FL 32967** CITY-ST-ZIP MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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;

NAME STREET ADDRESS CITY-ST-TIP

CABOACA MACEN Barbaro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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