



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90059 035 ***150.00

DOCUMENT # P02000112189 1. Entity Name ACCOUNTING CONSULTING, INC.					
Principal Place of Business 5 ISLAND AVE. 9B MIAMI BEACH, FL 33139			Mailing Address 5 ISLAND AVE. 9B MIAMI BEACH, FL 33139		
2. Principal Place of Business 3482 PINE HAVEN CIRCLE Suite, Apt. #, etc.		3. Mailing Address 3482 PINE HAVEN CIRCLE Suite, Apt. #, etc.			
City & State BOCA RATON, FL		City & State BOCA RATON, FL		4. FEI Number 04-3717255	
Zip 33431		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MERZEL, DAVID A 5 ISLAND AVE. 9B MIAMI BEACH, FL 33139				7. Name and Address of New Registered Agent Name MERZEL, DAVID A Street Address (P.O. Box Number is Not Acceptable) 3482 PINE HAVEN CIRCLE City BOCA RATON FL Zip Code 33431	
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><i>[Signature]</i></u> (NOTE: Registered Agent signature required when reinstating) DATE 4-3-04					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	P MERZEL, DAVID A 5 ISLAND AVE. SUITE 9B MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Merzel, David A. 3482 PINE HAVEN CIRCLE BOCA RATON, FL 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-3-04 Daytime Phone # 305 608 9054		

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