

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000113135

FILED
May 06, 2008
Secretary of State**Entity Name:** ACCUDIAL, INC.**Current Principal Place of Business:**SQUARE LAKE SOUTH 8409 NORTH MILITARY TRAIL
UNIT 109
PALM BEACH GARDENS, FL 33410**New Principal Place of Business:**2630 NATURES WAY
PALM BEACH GARDENS, FL 33410**Current Mailing Address:**SQUARE LAKE SOUTH 8409 NORTH MILITARY TRAIL
UNIT 109
PALM BEACH GARDENS, FL 33410**New Mailing Address:**2630 NATURES WAY
PALM BEACH GARDENS, FL 33410**FEI Number:** 56-2316687**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RICHARD, HASKINS J CFO
SQUARE LAKE SOUTH 8409 NORTH MILITARY TRAIL
UNIT 109
PALM BEACH GARDENS, FL 33410 US**Name and Address of New Registered Agent:**CRAIG, KELLY I ESQ
1665 PALM BEACH LAKES BLVD
SUITE 1000
WEST PALM BEACH, FL 33401 US

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.

SIGNATURE: CRAIG I KELLY

05/06/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: COB () Delete
Name: KAPLAN, BRIAN MD
Address: 8409 NORTH MILITARY TRAIL UNIT 109
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: CEO (X) Delete
Name: TERWILLIGER, ROBERT
Address: 8409 NORTH MILITARY TRAIL UNIT 109
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: CFO (X) Delete
Name: HASKINS, RICHARD J
Address: 8409 NORTH MILITARY TRAIL UNIT 109
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KAPLAN, BRIAN MD
Address: 2630 NATURES WAY
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN K KAPLAN

PD

05/06/2008

Electronic Signature of Signing Officer or Director

Date