

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90148 034 \*\*\*150.00

40030267



03062005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P03000001971</b> 1. Entity Name <b>ADVANCED ACCOUNTING &amp; TAX CORP.</b>					
Principal Place of Business <b>40427 US HIGHWAY 19 N. TARPON SPRINGS, FL 34689</b>			Mailing Address <b>40427 US HIGHWAY 19 N. TARPON SPRINGS, FL 34689</b>		
2. Principal Place of Business <b>40948 US HIGHWAY 19 N.</b>		3. Mailing Address <b>3338 CHAUNCEY RD</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>TARPON SPRINGS, FL</b>		City & State <b>HOLIDAY, FL</b>		4. FEI Number <b>03-0503548</b>	
Zip <b>34689</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>34691-3347</b>		Country <b>USA</b>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>DELGADO, HECTOR 40427 US HIGHWAY 19 N. TARPON SPRINGS, FL 34689</b>				7. Name and Address of New Registered Agent Name <b>HECTOR DELGADO</b> Street Address (P.O. Box Number is Not Acceptable) <b>3338 CHAUNCEY RD</b> City <b>HOLIDAY</b> <b>FL</b> Zip Code <b>34691-3347</b>	
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 <span style="float: right;">03/05/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DELGADO, HECTOR 40427 US HWY 19 N TARPON SPRINGS, FL 34689	<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	VP DELGADO, HECTOR JR 15929 SAUSALITO CIR. CLERMONT, FL 34711	<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	S DELGADO, ANGEL A 6033 9TH AVE. NEW PORT RICHEY, FL 34653	<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	T DELGADO, HECTOR 40427 US HWY 19 N. TARPON SPRINGS, FL 34689	<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: <b>DR. HECTOR DELGADO, PRES.</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			03/05/05 (727)943-1983 <small>Date Daytime Phone #</small>		