
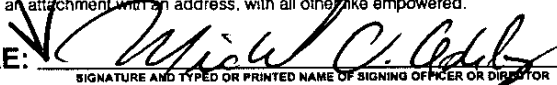


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90285 021 \*\*\*150.00

|  |  |  |  |
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| <b>DOCUMENT # P03000004212</b><br>1. Entity Name<br><b>ACCENTS LIMITED, INC.</b>   |  |   |  |
| Principal Place of Business<br><b>4296 HUNTING TR<br/>LAKE WORTH, FL 33467</b>   |  | Mailing Address<br><b>4296 HUNTING TR<br/>LAKE WORTH, FL 33467</b>   |  |
| 2. Principal Place of Business<br><b>812 SW Federal Hwy</b>  |  | 3. Mailing Address<br><b>Same</b>  |  |
| Suite, Apt. #, etc.<br><b>Stuart, FL</b>   |  | Suite, Apt. #, etc.<br><b>Same</b>   |  |
| City & State<br><b>Stuart, FL</b>  |  | City & State<br><b>Same</b>  |  |
| Zip<br><b>34994</b>  |  | Country<br><b>Martin</b>   |  |
| 4. FEI Number<br><b>06-1672791</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><b>SPIEGEL &amp; UTRERA, P.A.<br/>1840 SW 22ND ST.<br/>4TH FLOOR<br/>MIAMI, FL 33145</b>  |  | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City <b>FL</b> Zip Code _____ |  |
| 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.<br>SIGNATURE:  DATE: _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                    |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | PD<br>ASHLEY, MICHAEL O<br>4296 HUNTING TR<br>LAKE WORTH, FL 33467 | <input type="checkbox"/> Delete  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | _____  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | _____  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | _____  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | _____  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 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:    |  | Date _____ Daytime Phone # _____   |  |