2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007
Secretary of State

DOCUMENT# P03000010565

Entity Name: ACCURATE TAX RETURNS AND ACCOUNTING SERVICES, INC.

Current Principal Place of Business:

16918 CORNERWOOD DR
ORLANDO, FL 32820

New Principal Place of Business:

5852 PEREGRINE AVE
ORLANDO, FL 32819

Current Mailing Address:

16918 CORNERWOOD DR
ORLANDO, FL 32820

New Mailing Address:

5852 PEREGRINE AVE
ORLANDO, FL 32819

FEI Number: 43-1994334 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MONTOYA, JOHN F
16918 CORNERWOOD DR
ORLANDO, FL 32820 US

Name and Address of New Registered Agent:

URIBE, FLOR E
5852 PEREGRINE AVE
ORLANDO, FL 32819 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: FLOR E URIBE 05/02/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MONTOYA, JOHN F
Address: 16918 CORNERWOOD DR
City-St-Zip: ORLANDO, FL 32820 US

Title: VP ( ) Delete
Name: MONTOYA, LUZ H
Address: 16918 CORNERWOOD DR
City-St-Zip: ORLANDO, FL 32820 FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: URIBE, FLOR E
Address: 5852 PEREGRINE AVE
City-St-Zip: ORLANDO, FL 32819 US

Title: VP (X) Change ( ) Addition
Name: MONTOYA, JOHN F
Address: 5852 PEREGRINE AVE
City-St-Zip: ORLANDO, FL 32819 FL

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: FLOR E URIBE P 05/02/2007
Electronic Signature of Signing Officer or Director Date