


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90005 026 ***150.00

DOCUMENT # P03000071073				
1. Entity Name ACCOUNTING, LEASING & TAX SERVICES, INC.				
Principal Place of Business 1801 S. FEDERAL HIGHWAY STE 219 DELRAY BEACH, FL 33483		Mailing Address 1801 S. FEDERAL HIGHWAY STE 219 DELRAY BEACH, FL 33483		
2. Principal Place of Business - No P.O. Box # 1730 S. FEDERAL HWY.		3. Mailing Address <i>CLOTAX HELP INC.</i> 1730 S. FEDERAL HWY.		
Suite, Apt. #, etc. 260		Suite, Apt. #, etc. 260		
City & State DELRAY BEACH, FL.		City & State DELRAY BEACH, FL.		
Zip 33483	Country US	Zip 33483	Country US	4. FEI Number 36-4535061
6. Name and Address of Current Registered Agent TREMBLAY, W.J. 1801 S. FEDERAL HIGHWAY STE 219 DELRAY BEACH, FL 33483				Applied For <input type="checkbox"/> Not Applicable
7. Name and Address of New Registered Agent Name TREMBLAY, W.J. Street Address (P.O. Box Number is Not Acceptable) 1730 S. FEDERAL HWY. STE. 260 City DELRAY BEACH FL Zip Code 33483				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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 <i>W.J. Tremblay</i>		DATE <i>01/31/07</i>		
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007, 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	PVSD MARSHALL, JOHN M 8893 SADDLEWOOD DR. JONESBORO, GA 30236 <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 TREMBLAY, W.J. 1801 S. FEDERAL HWY STE 219 DELRAY BEACH, FL 33483 <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 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: <i>W.J. Tremblay Pres</i>		DATE: <i>01/31/07</i> 561		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone # <i>243-6355</i>		