

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000004867

FILED
Apr 28, 2005
Secretary of State

Entity Name: BRACE ACCOUNTING SERVICE INC

Current Principal Place of Business:

19925 WYNDMILL CIRCLE
ODESSA, FL 33556

New Principal Place of Business:

3820 NORTHDAL BLVD
300B
TAMPA, FL 33624

Current Mailing Address:

19925 WYNDMILL CIRCLE
ODESSA, FL 33556

New Mailing Address:

3820 NORTHDAL BLVD
300B
TAMPA, FL 33624

FEI Number: 86-1092375

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRACE, RONALD
19925 WYNDMILL CIRCLE
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BRACE, RONALD
Address: 19925 WYNDMILL CIRCLE
City-St-Zip: ODESSA, FL 33556

Title: VP () Delete
Name: MESSINA-BRACE, GRACE
Address: 19925 WYNDMILL CIRCLE
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: RONALD E BRACE

PRES

04/28/2005

Electronic Signature of Signing Officer or Director

_____ Date