2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED May 01, 2008 08:00 Al Secretary of State **DOCUMENT # P04000037791** 1. Entity Name TEMPLE TERRACE ACCOUNTING & TAX. INC. Principal Place of Business Mailing Address 9340 N. 56TH ST. 9340 N. 56TH ST. SUITE 221 SUITE 221 TEMPLE TERRACE, FL 33617 TEMPLE TERRACE, FL 33617 04292008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0791960 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BARWICK, PAMELA T DO NOT WRITE 7501 S SANIBEL CIR TEMPLE TERRACE, FL 33637 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) UDDDDD939895 9. Election Campaign Financing \$5.00 May Be 05/28/08-80040-024 150.00 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME BARWICK, PAMELA T STREET ADDRESS 7501 S SANIBEL CIR CITY-ST-ZIP TEMPLE TERRACE, FL 33637 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE City-SI-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TOTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby 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 of the report with an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS CITY-ST-ZIP