


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 07, 2008 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P04000043010</b>                    |  |
| 1. Entity Name is<br><b>DANIEL MACE CPA, P.A.</b> |   |

|  |   |
|--|---|
| Principal Place of Business<br><b>1515 INDIAN RIVER BLVD<br/>SUITE A145<br/>VERO BEACH, FL 32960</b> | Mailing Address<br><b>1275 SW 33RD AVE<br/>VERO BEACH, FL 32968</b> |
|--|---|



01032008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>20-0788041</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br><b>MACE, DANIEL<br/>1275 SW 33RD AVE<br/>VERO BEACH, FL 32968</b> |
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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) | DATE _____ |
|-----------------|--|--|------------|

|   |   |                                    |
|---|---|------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|---|---|------------------------------------|

| 10. OFFICERS AND DIRECTORS                        |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | P<br>MACE, DANIEL<br>1275 SW 33RD AVE<br>VERO BEACH, FL 32968 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |   |

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01/08/08-80018-020 150.00

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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:  | 12/21/07 | 770 770 1272    |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                             | Date     | Daytime Phone # |