2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000056456

POZNANSKI, PETER J

757 SE 17TH STREET, #329

FT LAUDERDALE, FL 33316 US

Name:

Address: City-St-Zip:

Entity Name: CPAEXAMPRO, INC

FILED Jun 30, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 757 SE 17TH STREET SUITE #329 FT LAUDERDALE, FL 33316 US **New Mailing Address: Current Mailing Address:** 757 SE 17TH STREET **SUITE #329** FT LAUDERDALE, FL 33316 US FEI Number: 76-0753815 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MOORE, WALTER B 757 SE 17TH STREET SUITE 329 FT LAUDERDALE, FL 33316 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: 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition BAKER, CHERIE A Name: Name: 757 SE 17TH STREET, # 329 Address: Address: City-St-Zip: FT LAUDERDALE, FL 33316 US City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: MOORE, WALTER B Name: 757 SE 17TH STREET Address: Address: FT LAUDERDALE, FL 33316 US City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: WALTER B. MOORE VP 06/30/2005