

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000090156

FILED
Feb 17, 2011
Secretary of State

Entity Name: ACCOUNT ABILITY PRACTICE MANAGEMENT CONSULTING SERVICES, INC.

Current Principal Place of Business:

4020 SOUTH 57TH AVE
204
GREENACRES, FL 33463

New Principal Place of Business:

Current Mailing Address:

4020 SOUTH 57TH AVE
204
GREENACRES, FL 33463

New Mailing Address:

FEI Number: 86-1121284

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SZELAZEK, STANLEY
4020 SOUTH 57TH AVE
204
GREENACRES, FL 33463 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

OFFICERS AND DIRECTORS:

Title: P
Name: SZELAZEK, STANLEY
Address: 4020 SOUTH 57TH AVE SUITE 204
City-St-Zip: GREENACRES, FL 33463

Title: T
Name: BOOKER, CLAYTON
Address: 4020 SOUTH 57TH AVE SUITE 204
City-St-Zip: GREENACRES, FL 33463

Title: T
Name: BOOKER, CLAYTON
Address: 4020 SOUTH 57TH AVE SUITE 204
City-St-Zip: GREENACRES, FL 33463

Title: P
Name: SZELAZEK, STANLEY
Address: 4020 SOUTH 57TH AVE SUITE 204
City-St-Zip: GREENACRES, FL 33463

I hereby 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 all other like empowered.

SIGNATURE: STANLEY SZELAZEK

P

02/17/2011

Electronic Signature of Signing Officer or Director

Date