

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000103558

FILED
Apr 25, 2005
Secretary of State

Entity Name: ACCOUNTING SERVICE SOLUTIONS, INC.

Current Principal Place of Business:

14840 HERONGLLEN DR.
LITHIA, FL 33547 US

New Principal Place of Business:

27634 ARLINGTON RD
WESLEY CHAPEL, FL 33544 US

Current Mailing Address:

14840 HERONGLLEN DR.
LITHIA, FL 33547 US

New Mailing Address:

27634 ARLINGTON RD
WESLEY CHAPEL, FL 33544 US

FEI Number: 86-1111141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ST. PIERRE, PAULA A
14840 HERONGLLEN DR.
LITHIA, FL 33547 US

Name and Address of New Registered Agent:

ST. PIERRE, PAULA A
27634 ARLINGTON RD
WESLEY CHAPEL, FL 33544 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: PAULA A. ST. PIERRE

04/25/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ST. PIERRE, PAULA A
Address: 14840 HERONGLLEN DR.
City-St-Zip: LITHIA, FL 33547 US

Title: VP () Delete
Name: ST. PIERRE, JEFFREY S
Address: 14840 HERONGLLEN DR.
City-St-Zip: LITHIA, FL 33547 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ST. PIERRE, PAULA A
Address: 27634 ARLINGTON RD
City-St-Zip: WESLEY CHAPEL, FL 33544 US

Title: VP (X) Change () Addition
Name: ST. PIERRE, JEFFREY S
Address: 27634 ARLINGTON RD
City-St-Zip: WESLEY CHAPEL, FL 33544 US

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: PAULA A. ST. PIERRE

P

04/25/2005

Electronic Signature of Signing Officer or Director

Date