## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 26, 2007 8:00 am Secretary of State

DOCUMENT # P04000169243  1. Enlity Name EAST WASHINGTON ACCOUNTING SERVICES, INC.								04-26-2007	90232 03	0 ***150.	00	
Principal Place of Business 975 E. WASHINGTON AVENUE PIERSON, FL 32180			Mailing Address 975 E. WASHINGTON A' PIERSON, FL 32180			immin	I 1811   Ribh Deil) 1811	1 <b>8 8 18 1 4 18 18 18 19 19 1</b>	4			
2. Principal f	Place of Busin	ness - No P.O. Box #	3. Mailing Address									
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				03132007	Chg-P	, CR2E	034 (12/06)		
City & State			City & State			4. FEI Numb 20-212			<del> </del>	oplied For ot Applicable		
Zíp	Country		Zip	Zip Coun			5. Certificate	of Status Desire	ed 🗆	\$8.75 Add		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
N. JANE, MEDICK 975 E. WASHINGTON AVENUE PIERSON, FL 32180						Name N. JANE PUCICETT  Street Address (P.O. Box Number is Not Acceptable)						
·					City				FL	Zip Cod	e	
8. The above	named entit	y submits this statement for	ed office o	r register	ed agent, or bo	th, in the State o		familiar with,	and accept			
SIGNATURE	Signature, types	ophinied name of registered agent a	d Agent signat	ure required	when reinstating)		DATE	07				
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees												
10.	OFFICERS AND DIRECTORS						ADDITIONS	CHANGES TO	OFFICERS AND	DIRECTOR	\$ IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Delete MEDICK, N. JANE  975 E. WASHINGTON AVENUE PIERSON, FL 32180					Puc	ことどファ	·, N.	JANE	- Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		NAM! STRE	ET ADDRESS ST-ZIP					☐ Change	Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Change	☐ Addition	
12. Thereby certify that the information supplied with this filling 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.												

4/22/07

Date

(386) 749-901 o