
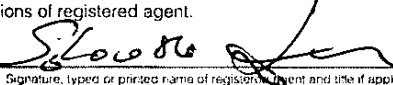
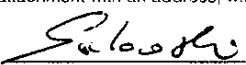


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90226 050 ***150.00

DOCUMENT # P05000001640					
1. Entity Name ACCURACY LIMOUSINE INC.					
Principal Place of Business 1951 TROPIC BAY CT ORLANDO, FL 32807			Mailing Address 1951 TROPIC BAY CT ORLANDO, FL 32807		
2. Principal Place of Business 205 N DIXIE HWY		3. Mailing Address 205 N DIXIE HWY			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State HALLANDALE FL		City & State HALLANDALE FL		4. FEI Number 20-211591	
Zip 33009		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALZAMORA, CESAR 1951 TROPIC BAY CT ORLANDO, FL 32807			7. Name and Address of New Registered Agent Name SADOWSKI, LUKASZ Street Address (P.O. Box Number is Not Acceptable) 8411 NW 10th ST City PEMBROKE PINES FL Zip Code 33024		
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  SADOWSKI LUKASZ DATE 4/27/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ALZAMORA, CESAR 1951 TROPIC BAY CT ORLANDO, FL 32807	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES LUKASZ SADOWSKI 8411 NW 10th ST PEMBROKE PINES FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:  SADOWSKI LUKASZ DATE 4/27/06 DAYTIME PHONE # 954-455-7300 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					