



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # P05000014822 1. Entity Name ACCURATE ELECTRIC MOTORS & PUMP REPAIR, INCORPORATED	
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Principal Place of Business 842 NE 41ST PLACE DEERFIELD BEACH, FL 33064 US	Mailing Address 842 NE 41ST PLACE DEERFIELD BEACH, FL 33064 US
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DO NOT WRITE IN THIS SPACE


03142007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2663861	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**STUART, GRACELYN V CPA
261 NW 46TH STREET
BOCA RATON, FL 33431**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE _____

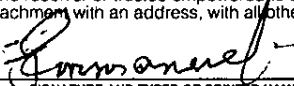
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000744607 05/15/07-80154-012 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T EMMANUEL, JUSTIN 1031 NE 1ST AVENUE POMPAN0 BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EMMANUEL, VICTORIA 1031 NE 1ST AVENUE POMPAN0 BEACH, FL 33060
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07
Date Daytime Phone #