

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000022357

Entity Name: ACCURATE CLINICAL TRIALS, INC.

FILED
Apr 18, 2007
Secretary of State

Current Principal Place of Business:

213 RIDGE RD.
LAKE MARY, FL 327462709

New Principal Place of Business:

1022 YATES STREET
ORLANDO, FL 32804

Current Mailing Address:

213 RIDGE RD.
LAKE MARY, FL 327462709

New Mailing Address:

1022 YATES STREET
ORLANDO, FL 32804

FEI Number: 34-2034094

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAILEY, CHARLES E
213 RIDGE RD.
LAKE MARY, FL 327462709 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BAILEY, CHARLES E
Address: 213 RIDGE RD.
City-St-Zip: LAKE MARY, FL 327462709

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: BLAKESLEE, DIANE M
Address: 1022 YATES STREET
City-St-Zip: ORLANDO, FL 32804

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: DIANE BLAKESLEE

VP

04/18/2007

Electronic Signature of Signing Officer or Director

_____ Date