

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000024487

FILED
Feb 12, 2006
Secretary of State

Entity Name: ACCOUNTING SOLUTIONS & AUTOMATION, INC.

Current Principal Place of Business:

3 W GARDEN STREET
SWT 516
PENSACOLA, FL 32502

New Principal Place of Business:

1101 GULF BREEZE PKWY
STE 316
GULF BREEZE, FL 32561

Current Mailing Address:

3 W GARDEN STREET
SWT 516
PENSACOLA, FL 32502

New Mailing Address:

PO BOX 817
GULF BREEZE, FL 32562

FEI Number: 54-2167155

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERGE, BERT R
3 W GARDEN STREET
SWT 516
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

ROBERGE, BERT R
1101 GULF BREEZE PKWY
STE 316
GULF BREEZE, FL 32561 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:

02/12/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: ROBERGE, BERT R
Address: PO BOX 12218
City-St-Zip: PENSACOLA, FL 325912218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: ROBERGE, BERT R
Address: PO BOX 817
City-St-Zip: GULF BREEZE, FL 32562

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: BERT R ROBERGE

PST

02/12/2006

Electronic Signature of Signing Officer or Director

Date