2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000026346

Entity Name: COMPLETE CHOICE ACCOUNTING SERVICES INC.

FILED Apr 17, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

823 N.E. 199 STREET #203 NORTH MIAMI, FL 33179 823 N.E. 199 STREET #203 NORTH MIAMI BEACH, FL 33179

Current Mailing Address: New Mailing Address:

P.O. BOX 550313 P.O. BOX 550872

FT. LAUDERDALE, FL 33355 FT. LAUDERDALE, FL 33355

FEI Number: 20-2378841 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LAW OFFICES OF HOWARD M. NEU, P.A.

1152 N. UNIVERSITY DRIVE

SYLVIA PINEDA

823 N.E. 199TH STREET

SUITE 201

#203

PEMBROKE PINES, FL 33024 US NORTH MIAMI BEACH, FL 33179 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: SYLVIA PINEDA 04/17/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD () Delete Title: PTD (X) Change () Addition Name: PINEDA, SYLVIA PINEDA, SYLVIA

 Name:
 PINEDA, SYLVIA
 Name:
 PINEDA, SYLVIA

 Address:
 823 N.E. 199 STREET #203
 Address:
 823 N.E. 199 STREET #203

 City-St-Zip:
 NORTH MIAMI, FL 33179
 City-St-Zip:
 NORTH MIAMI BEACH, FL 33179

Title: VSD () Delete Title: VSD (X) Change () Addition

 Name:
 GOLDBERG, WENDY
 Name:
 GOLDBERG, WENDY

 Address:
 P.O. BOX 550313
 Address:
 P.O. BOX 550872

 City-St-Zip:
 FT. LAUDERDALE, FL 33355
 City-St-Zip:
 FT. LAUDERDALE, FL 33355

I hereby certify that the information supplied with this filing does not qualify 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: WENDY GOLDBERG VP 04/17/2009