## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P05000027123

1. Entity Name
ACCU PRO DATA CONTROL, INC.

SIGNATURE:



**FILED** Sep 01, 2006 8:00 am Secretary of State 08-14-2006 90036 036 \*\*\*550.00

Principal Place of Business 7369 ORANGEWOOD LANE #304				Mailing Address 7369 ORANGEWOOD LANE #304			660831 mm					
BOCA RATON, FL 33433 US				BOCA RATON, FL 33433 US					FAITI EIRA BEIN EEIN F	AN <b>ao</b> na manta		
2. Principal Place of Business . 3. N				Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				07022006	Chg-P	CR2E	)34 (11/05)	1
City & State				City & State			4, FEI Numbe	23904	146		pplied For of Applicable	
Zip	Zip Country			Zip Country					of Status Desired		\$8.75 Ad Fee Requin	
8. Name and Address of Current Reg				stered Agent				7. Name and	Address of New	Registered	Agent	
						Name			-		-	
SHORR, MELVYN 7369 ORANGEWOOD LANE				Street Add			dress (	s (P.O. Box Number is Not Acceptable)				
#304 BOCA RATON, FL 33433				Ţ <u></u>								
•					City				FL	Zip Coo	de	
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 apeny and little if applicable. (NOTE, Registered Again lagrature required when remasking)  DATE												
FILE NOWIII FEE IS \$550.00  9. Election Campaign Financing \$5.00 May Be Due by September 6, 2006  Trust Fund Contribution.  Added to Fees												
10. ¿OFFICERS AND DIRECT				CTORS 11.				ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11
TETLE	P Delete III								<u> </u>		☐ Change	Addition
NAME	SHORR, EILEEN					1						
STREET ADDRESS CITY-ST-ZIP	1					ET ADORESS - ST-ZIP						
TITLE	S/T Delete IIII								<del> </del>		Change	Addition
NAME	SHORR, MELVYN					i i					☐ cwarde	
STREET ADDRESS	I					ET ADORESS						
CITY-ST-ZIP	BOCA RATON, FL 33433 an					-ST-ZIP						
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STREET ADDRESS		•			8	ET ADORESS						ł
CITY-ST-ZIP	1	<del></del>		Au		-S1-ZIP						
12. I hereby certify that the information supplied with this filling 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 roceiver 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.												or director
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