


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90041 013 ***158.75

DOCUMENT # P05000031594		
1. Entity Name DELRAY ACCOUNTING AND TAX SERVICES, INC.		

Principal Place of Business 7469 VIALE MICHELANGELO DELRAY BEACH, FL 33446 US	Mailing Address 7469 VIALE MICHELANGELO DELRAY BEACH, FL 33446 US
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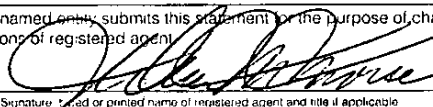
2. Principal Place of Business 495 NE 4TH STREET Suite, Apt. #, etc. SUITE 7 City & State DELRAY BEACH, FL Zip 33483 Country PALM BEACH	3. Mailing Address 495 NE 4TH STREET Suite, Apt. #, etc. SUITE 7 City & State DELRAY BEACH, FL Zip 33483 Country PALM BEACH
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01102006 Chg-P CR2E034 (11/05)

4. FEI Number 20-242175Y	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MORSE, WILLIAM M 7469 VIALE MICHELANGELO DELRAY BEACH, FL 33446	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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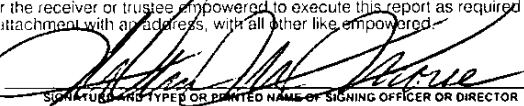
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  WILLIAM M. MORSE 1/12/06
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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORSE, WILLIAM M 7469 VIALE MICHELANGELO DELRAY BEACH, FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 reports 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:  1/12/06 561 272-7424
Signature typed or printed name of signing officer or director Date Daytime Phone #