
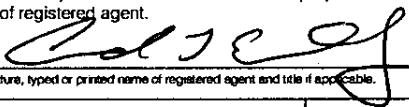
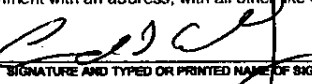


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90051 020 \*\*\*158.75

<b>DOCUMENT # P05000040951</b> 1. Entity Name <b>ACCURATE CONTRACT SERVICES, INC.</b>					
Principal Place of Business <b>148 MORSE PLAZA FORT MYERS, FL 33905</b>			Mailing Address <b>148 MORSE PLAZA FORT MYERS, FL 33905</b>		
2. Principal Place of Business <b>715 N.E. 19th Place</b> Suite, Apt. #, etc. <b>Unit 37</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Cape Coral, FL</b>		City & State		4. FEI Number <b>20 2584304</b>	
Zip <b>33909</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ERICKSON, ANDREW F JR. 148 MORSE PLAZA FORT MYERS, FL 33905</b>				7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
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  <b>Andrew F. Erickson, Jr (V.P.)</b> <b>2-19-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ERICKSON, ANDREW F JR.</b> <b>148 MORSE PLAZA</b> <b>FORT MYERS, FL 33905</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>ERICKSON, Andrew F Jr.</b> <b>148 MORSE PLAZA</b> <b>Ft. Myers, FL 33905</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ERICKSON, HEATHER S</b> <b>148 MORSE PLAZA</b> <b>FORT MYERS, FL 33905</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/S/T</b> <b>ERICKSON, Heather S</b> <b>1481 MORSE PLAZA</b> <b>Ft. Myers, FL 33905</b> <input checked="" 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	
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	
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	
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 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 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:  <b>Andrew F. Erickson, Jr (V.P.)</b> <b>2-19-06</b> <b>980-1107</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					