

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000041708

FILED
Apr 30, 2008
Secretary of State

Entity Name: ACCOUNTING PLUS SOLUTIONS, INC.

Current Principal Place of Business:

14200 N. CENTRAL AVE.
TAMPA, FL 33613

New Principal Place of Business:

6106 WHITEWAY DR.
TAMPA, FL 33617

Current Mailing Address:

14200 N. CENTRAL AVE.
TAMPA, FL 33613

New Mailing Address:

6106 WHITEWAY DR.
TAMPA, FL 33617

FEI Number: 20-2641395

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GANESSINGH, DAVANAND
6106 WHITEWAY DR.
TAMPA, FL 33617 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GANESSINGH, DAVANAND
Address: 6106 WHITEWAY DR.
City-St-Zip: TAMPA, FL 33617

Title: DT () Delete
Name: BABWAH-GANESSINGH, ANN
Address: 11324 GRANDVILLE DR.
City-St-Zip: TAMPA, FL 33617

Title: D () Delete
Name: BABWAH, DONALD
Address: 11324 GRANDVILLE DR.
City-St-Zip: TAMPA, FL 33617

Title: DS () Delete
Name: BABWAH, DAVE
Address: 11324 GRANDVILLE DR
City-St-Zip: TAMPA, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVANAND GANESSINGH

DP

04/30/2008

Electronic Signature of Signing Officer or Director

Date