

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000101399

FILED
Sep 14, 2007
Secretary of State

Entity Name: ALL STATES ACCOUNTING SERVICES, INC.

Current Principal Place of Business:

6400 NORTH W STREET
PENSACOLA, FL 32505 US

New Principal Place of Business:

Current Mailing Address:

6400 NORTH W STREET
PENSACOLA, FL 32505 US

New Mailing Address:

FEI Number: 20-3168649

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIMBALL, ROBERT W
6400 NORTH W STREET
PENSACOLA, FL 32505 US

Name and Address of New Registered Agent:

MOORE, DONALD W
6400 NORTH W STREET
PENSACOLA, FL 32505 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: DONALD W MOORE

09/14/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KIMBALL, ROBERT W
Address: 6400 NORTH W STREET
City-St-Zip: PENSACOLA, FL 32505 US

Title: ST () Delete
Name: MOORE, DONALD W
Address: 6400 NORTH W STREET
City-St-Zip: PENSACOLA, FL 32505 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MOORE, DONALD W
Address: 6400 NORTH W STREET
City-St-Zip: PENSACOLA, FL 32505 US

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: DONALD W MOORE

P

09/14/2007

Electronic Signature of Signing Officer or Director

Date