

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P05000144066

1. Entity Name
DAVID BACK ACCOUNTING INC.



Principal Place of Business
2300 PALM BEACH LAKES BLVD SUITE 217
WEST PALM BEACH FL 33409

Mailing Address
2300 PALM BEACH LAKES BLVD SUITE 217
WEST PALM BEACH FL 33409

2. Principal Place of Business - No P.O. Box #

1137 o4eechobee blvd

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

West palm beach kva

Zip

33411

Country

P.B.

City & State

Zip

Country

4. FEI Number

55-0908621

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BACK, DAVID
2300 PALM BEACH LAKES BLVD SUITE 217
WEST PALM BEACH FL 33409

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 *David Back*

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when changing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-SI-ZIP	P BACK, DAVID 2300 PALM BEACH LAKES BLVD SUITE 217 WEST PALM BEACH FL 33409	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-SI-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-SI-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 Section 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:

David Back

SIGNATURE/AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/07 561-478-4605
Daytime Phone #

