2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 30, 2007 08:00 A Secretary of State

ANNUAL REPORT					Secretary of Star			
DOCUMENT # P05000151575					2	seci etai	y of Sta	
Entity Name BOOKKEEPERS TO GO INC.								
BOOKKE	EPERS TO GO INC.							
Principal Plac	e of Business	Mailing Address	•					
	EBASTIAN CIR	7063 SAN SEBASTIAN CIR						
BOCA RATON	I, FL 33433	BOCA RATON, FL 33433						
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			^	04262007	No Chg-P	CR2E034 (11	/05)	
DO NOT WRITE IN THIS SPAC				4. FEI Numb			Applied For Not Applicable	
				,	of Status Desired	\$8.75	5 Additional	
lu _L	6. Name and Address of Current Re	alatared Agent	· · · ·	3. Certificate	TOT Blattos Desired	Fee Re	equired	
	6. Name and Address of Current Re	distated Wilaur	∤ ∶	1 1 to 1				
BEVER, DOROTHY 7063 SAN SEBASTIAN CIR				DÖ	NOT W	RITE	m 1	
BOCA RATON, FL 33433				INI "	THIS SF	MOF		
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				14.		, ,		
	named entity submits this statement for the	e purpose of changing its register	red office or re	egistered agent, or bo	oth, in the State of Fl	orida. I am familiar	with, and accept	
		•						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when it						DATE		
EII	E NOW!!! FEE IS \$150.00	9. Election Campaign Fina	incing .	\$5.00 May Be				
	ay 1, 2007 Fee will be \$550.00	Trust Fund Contribution		Added to Fees				
10.	OFFICERS AND DI	RECTORS	. , ,					
TITLE NAME	PTSD BEVER, DOROTHY							
STREET ADDRESS	7063 SAN SEBASTIAN CIR							
CITY-ST-ZIP	BOCA RATON, FL 33433				y VOI	0000765542		
TITLE NAME	VP BEVER, RALPH JR				06/01/	<u>/07-80014</u>	:009, 150. 00	
STREET ADDRESS	7063 SAN SEBASTIAN CIR			englist Later		The state of the s		
CITY-ST-ZIP	BOCA RATON, FL 33433			(Br)		6, 1		
TITLE NAME			ئى ئام ساھد	Tremanum, april ju	2 THE PERSON	الله المراسات الماء الم	by the state of the factories	
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CITY-ST-ZIP				טע	NOT W	/KIIC	The state of the s	
TITLE				IN 3	THISISI	PACE		
NAME STREET ADDRESS			. , , , ,					
CITY-ST-ZIP								
TITLE								
NAME STREET ADDRESS			1 4h					
CITY-ST-ZIP			(' t'			ar chia		

12. I hereby certify that the information supplied with this filling 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 a made dress, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Ngl)

Sld-493-826