

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED ATX1
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P06000021767
1. Entity Name
ALL ACCOUNTING SERVICES & TAXES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 917 N. PALMWAY STREET Suite, Apt. #, etc.		3. Mailing Address 917 N. PALMWAY STREET Suite, Apt. #, etc.	
City & State KISSIMMEE, FL	City & State KISSIMMEE, FL	Zip 34744	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4000104	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name GRACE PATTISON	
Street Address (P.O. Box Number is Not Acceptable) 917 N. PALMWAY STREET	
City KISSIMMEE	Zip-Code 34744

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 <i>Grace Pattison</i>	GRACE PATTISON <i>2/20/07</i>

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Make Check Payable to Florida Department of State	

10. OFFICERS AND DIRECTORS		11.	
TITLE PRESIDENT	NAME GRACE PATTISON	TITLE	NAME
STREET ADDRESS 917 N. PALMWAY STREET	CITY-ST-ZIP KISSIMMEE, FL 34744	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.	
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SIGNATURE: *Grace Pattison* **GRACE PATTISON** *2/20/07*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #