

2007 FOR PROFIT CORPORATION ANNUAL REPORT


4/3

FILED
May 21, 2007 8:00 am
Secretary of State

04-30-2007 90448 005 ***150.00

DOCUMENT # P06000076270

1. Entity Name
DEBBIE M. BATES, CPA, PA



Principal Place of Business Mailing Address
9203 SW 136 STREET CIRCLE **9203 SW 136 STREET CIRCLE**
MIAMI, FL 33176 US **MIAMI, FL 33176 US**

66015954



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
5208 Hessel Court **5208 Hessel Court**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

04262007 Chg-P CR2E034 (12/06)

City & State City & State
Rockledge, FL **Rockledge, FL**
 Zip Country Zip Country
32955 **32955**

4. FEI Number Applied For
20-4971289 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BATES, DEBBIE M
9203 SW 136 STREET CIRCLE
MIAMI, FL 33176

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
5208 Hessel Court
 City **Rockledge** **FL** Zip Code **32955**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BATES, DEBBIE M	
STREET ADDRESS	9203 SW 136 STREET CIRCLE	
CITY - ST - ZIP	MIAMI, FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5208 Hessel Court	
CITY - ST - ZIP	Rockledge, FL 32955	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing 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 an address, with all other like empowered.

SIGNATURE: Debbie Bates Debbie Bates 4/26/07 321-4825381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #