# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 29, 2007 8:00 am**
**Secretary of State**
04-27-2007 90223 026 ***150.00

DOCUMENT # P06000121105

1. Entity Name
AMANN ACCOUNTING SERVICES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 461 NE 42ND STREET<br>BOCA RATON, FL 33431 | 461 NE 42ND STREET<br>BOCA RATON, FL 33431 |

04232007 Chg-P CR2E034 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 13126 VIA VESTA | 13126 VIA VESTA |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: DELRAY BEACH FL | City & State: DELRAY BEACH FL |
| Zip: 33484 Country: US | Zip: 33484 Country: US |

4. FEI Number: 20-5578990 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| AMANN, LOUISE M<br>461 NE 42ND STREET<br>BOCA RATON, FL 33431 | Name: LOUISE M. AMANN<br>Street Address (P.O. Box Number is Not Acceptable): 13126 VIA VESTA<br>City: DELRAY BEACH FL Zip Code: 33484 |

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: Louise M. Amann LOUISE M. AMANN 4/24/07
Signature, typed or printed name of registered agent and title if applicable (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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P,TR<br>AMANN, LOUISE M<br>461 NE 42ND STREET<br>BOCA RATON, FL 33431 | ☐ Delete | P,TR,D<br>LOUISE M. AMANN<br>13126 VIA VESTA<br>DELRAY BEACH FL 33484 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

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: Louise M. Amann LOUISE M. AMANN 4/24/07 561638-4373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #