2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000148671

Entity Name: ACCOUNTING UNLIMITED USA, INC.

FILED Jul 16, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8405 HIMES AVE 15010 OTTO RD

SUITE 231 TAMPA, FL 33624 US TAMPA, FL 33614 US

New Mailing Address: Current Mailing Address:

4102 ANGEL WING CT 15010 OTTO RD LUTZ, FL 33558 TAMPA, FL 33624 US

FEI Number: 20-5977260 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CRUZ, FRANCISCO A CRUZ, FRANCISCO A 15010 OTTO RD 3431 SUNRISE VILLA N TAMPA, FL 33614 US TAMPA, FL 33624

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.

SIGNATURE: FRANCISCO A CRUZ 07/16/2007

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

CRUZ, PRISCILLA M Name: Name: GOMEZ, MERLIN I 4102 ANGEL WING CT 9179 BAYOU DR Address: Address: City-St-Zip: TAMPA, FL 33635 US City-St-Zip: LUTZ, FL 33558 US

VΡ Title: VΡ Title: () Delete (X) Change () Addition

CRUZ, FRANCISCO A CRUZ, FRANCISCO A Name: Name: 3431 SUNRISE VILLA N 15010 OTTO RD Address: Address: TAMPA, FL 33614 US TAMPA, FL 33624 US City-St-Zip: City-St-Zip:

() Delete Title: (X) Change () Addition Title: GOMEZ, MERLIN I CRUZ, FRANCISCO I Name: Name:

4102 ANGEL WING CT 12802 CEDAR FOREST DR APT 308 Address: Address:

City-St-Zip: LUTZ, FL 33558 US City-St-Zip: TAMPA, FL 33625 US

Title: () Delete Title: () Change (X) Addition

CRUZ, PRISCILLA M Name: Name:

Address: Address: 12802 CEDAR FOREST DR APT 308

City-St-Zip: City-St-Zip: TAMPA, FL 33625 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: MERLIN I GOMEZ 07/16/2007