2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
May 21, 2009
Secretary of State

DOCUMENT# P06000153873

Entity Name: ROUND THE CLOCK ACCOUNTING, INC.

Current Principal Place of Business:

5753 BENEVA ROAD
UNIT 2
SARASOTA, FL 34233

New Principal Place of Business:

46 NORTH WASHINGTON BLVD
SUITE 14
SARASOTA, FL 34236

Current Mailing Address:

5753 BENEVA ROAD
UNIT 2
SARASOTA, FL 34233

New Mailing Address:

46 NORTH WASHINGTON BLVD
SUITE 14
SARASOTA, FL 34236

FEI Number: 20-8051647 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHOUINARD, ELSIE P
5753 BENEVA ROAD
UNIT 2
SARASOTA, FL 34233 US

Name and Address of New Registered Agent:

LEFCO, ANTHONY S
46 NORTH WASHINGTON BLVD
SUITE 14
SARASOTA, FL 34236 US

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: ANTHONY S LEFCO 05/21/2009
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:

Title: P ( ) Delete
Name: CHOUINARD, ELSIE P
Address: 5753 BENEVA RD
City-St-Zip: SARASOTA, FL 34233

Title: TRES ( ) Delete
Name: CHOUINARD, ELSIE P
Address: 5753 BENEVA RD
City-St-Zip: SARASOTA, FL 34233

Title: SEC ( ) Delete
Name: CHOUINARD, ELSIE P
Address: 5753 BENEVA RD
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CHOUINARD, ELSIE P
Address: P O BOX 916
City-St-Zip: OSPREY, FL 34229

Title: TRES (X) Change ( ) Addition
Name: CHOUINARD, ELSIE P
Address: PO BOX 916
City-St-Zip: OSPREY, FL 34229

Title: SEC (X) Change ( ) Addition
Name: CHOUINARD, ELSIE P
Address: PO BOX 916
City-St-Zip: OSPREY, FL 34229

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.

SIGNATURE: ELSIE P CHOUINARD PRES 05/21/2009
Electronic Signature of Signing Officer or Director Date