

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000012806

Entity Name: EACCOUNTING INC.

FILED  
Apr 09, 2008  
Secretary of State

## Current Principal Place of Business:

16023 HORIZON CT.  
CLERMONT, FL 34711

## New Principal Place of Business:

## Current Mailing Address:

P. O. BOX 560187  
MONTVERDE, FL 34756

## New Mailing Address:

FEI Number: 20-8409483

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KOHN, KATHY  
16023 HORIZON CT.  
CLERMONT, FL 34711 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PDS ( ) Delete  
Name: KOHN, KATHY  
Address: 16023 HORIZON CT.  
City-St-Zip: CLERMONT, FL 34711

Title: TD ( ) Delete  
Name: KOHN, CHRISTOPHER  
Address: 16023 HORIZON CT.  
City-St-Zip: CLERMONT, FL 34711

Title: VD ( ) Delete  
Name: KOHN, MICHAEL  
Address: 16023 HORIZON CT.  
City-St-Zip: CLERMONT, FL 34711

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/V/P (X) Change ( ) Addition  
Name: KOHN, KATHY  
Address: 16023 HORIZON CT.  
City-St-Zip: CLERMONT, FL 34711

Title: S/T (X) Change ( ) Addition  
Name: KOHN, CHRISTOPHER  
Address: 16023 HORIZON CT.  
City-St-Zip: CLERMONT, FL 34711

Title: D (X) Change ( ) Addition  
Name: KOHN, MICHAEL  
Address: 16023 HORIZON CT.  
City-St-Zip: CLERMONT, FL 34711

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: KATHY KOHN

P

04/09/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date