
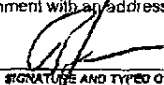


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P92000000042		
1. Entity Name AVALON ACCOUNTING INC.		
Principal Place of Business 1500 UNIVERSITY DR 117 CORAL SPRINGS, FL 33071 US		Mailing Address 1500 UNIVERSITY DR 117 CORAL SPRINGS, FL 33071 US
DO NOT WRITE IN THIS SPACE		
		02122006 No Chg-P CR2E034 (11/05)
		4. FEI Number 65-0356017
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent AVALON, R. J 1963 HARTFORD WAY CORAL SPRINGS, FL 33071		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVALON, R J 1967 HARTFORD WAY CORAL SPRINGS, FL 33071	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVALON, GAIL J 1963 HARTFORD WAY CORAL SPRINGS, FL 33071	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2/1/06 954 345 4648 <small>Date Daytime Phone #</small>