
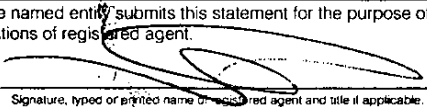
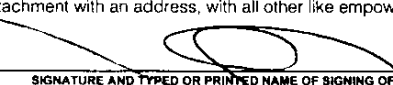


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90045 008 \*\*\*150.00

<b>DOCUMENT # P93000019816</b> 1. Entity Name <b>UNLIMITED ACCOUNTING INC.</b>					
Principal Place of Business <b>951 KENMORE ST. N.W.</b> <b>PALM BAY, FL 32907 US</b>			Mailing Address <b>951 KENMORE ST. N.W.</b> <b>PALM BAY, FL 32907 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <b>65-0396215</b> Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SELESKY, KATHERINE I</b> <b>1550 BAY MARE LANE NW</b> <b>PALM BAY, FL 32907</b>				7. Name and Address of New Registered Agent Name <b>MYRA SELESKY</b> Street Address (P.O. Box Number is Not Acceptable) <b>951 KENMORE ST. NW</b> City <b>PALM BAY</b> <b>FL</b> Zip Code <b>32907</b>	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">           SIGNATURE    <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <b>MYRA SELESKY</b>  <b>VP.</b> </div> <div style="width: 30%; text-align: right;"> <b>1-18-08</b>  <small>DATE</small> </div> </div>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	DS SELESKY, KATHERINE I 1550 BAY MARE LANE NW PALM BAY, FL 32907	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SELESKY, WILLIAM A 951 KENMORE ST. N.W. PALM BAY, FL 3290	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SELESKY, MYRA 941 KENMORE ST NW PALM BAY, FL 329077830	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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:  <b>MYRA SELESKY</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>VICE PRES.</b> </div> <div style="width: 20%; text-align: center;"> <b>1-18-07</b> </div> <div style="width: 40%; text-align: right;"> <b>321-722-3237</b> </div> </div>					