2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# P94000021519

Entity Name: ACCOUNTING ALTERNATIVES, INC.

Current Principal Place of Business:

4400 NW 23RD AVENUE
SUITE A
GAINESVILLE, FL 32606 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 147050
PMB 68
GAINESVILLE, FL 326147050 US

New Mailing Address:

FEI Number: 59-3230880 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LARSEN, CINDY G
17106 SW 30 AVE
NEWBERRY, FL 32669 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: P ( ) Delete
Name: LARSEN, CINDY G
Address: 17106 SW 30TH AVENUE
City-St-Zip: NEWBERRY, FL 32669

Title: S ( ) Delete
Name: CRAIG, TINA G
Address: 24434 NW 25TH PLACE
City-St-Zip: NEWBERRY, FL 32669

Title: D ( ) Delete
Name: LARSEN, JAN
Address: 17106 SW 30TH AVENUE
City-St-Zip: GAINESVILLE, FL 32669

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CINDY G LARSEN P 04/29/2005

Electronic Signature of Signing Officer or Director Date