

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000021519

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: ACCOUNTING ALTERNATIVES, INC.

## Current Principal Place of Business:

4300 NW 23RD AVENUE  
SUITE 68  
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 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: CINDY G LARSEN

P

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date