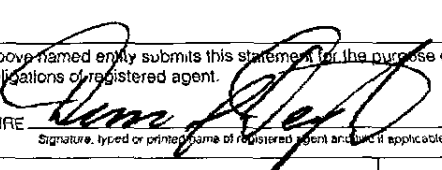
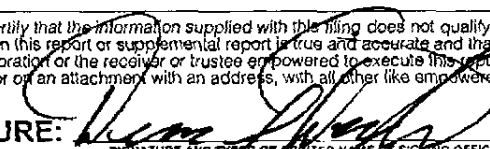


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                   |                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # P94000032200</b><br>1. Entity Name<br><b>ACCESS COMPUTER CONSULTANTS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                   |                                          |
| Principal Place of Business<br><b>401 B OFFICE PLAZA DR<br/>TALLAHASSEE, FL 32301</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                   | Mailing Address<br><b>2620 SHILOH WAY<br/>TALLAHASSEE, FL 32308</b>                                                       |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                   |                                                                                                                           |
| 6. Name and Address of Current Registered Agent<br><br><b>DAYTON, DENNIS S<br/>2620 SHILOH WAY<br/>TALLAHASSEE, FL 32308</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                   | <b>DO NOT WRITE<br/>IN THIS SPACE</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.<br><br>SIGNATURE  (NOTE: Registered Agent signature required when reinstating)<br>Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)                                                                                                     |                                                                   |                                                                                                                           |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                   |                                                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | P<br>DAYTON, DENNIS S<br>2620 SHILOH WAY<br>TALLAHASSEE, FL 32308 |                                                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |                                                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |                                                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |                                                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |                                                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: <br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                   | Date <b>2/8/06</b><br>Daytime Phone #                                                                                     |



01312006 No Chg-P CR2E034 (11/05)

4. FEI Number **59-3237905** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

000000441575  
03/03/06 00042-002 150.00

**DO NOT WRITE  
IN THIS SPACE**