

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000000206

Entity Name: ACC-Q-DATA, INC.

FILED
May 05, 2008
Secretary of State

Current Principal Place of Business:

900 N FEDERAL HWY
SUITE 470
BOCA RATON, FL 33432 US

New Principal Place of Business:

Current Mailing Address:

900 N FEDERAL HWY
SUITE 470
BOCA RATON, FL 33432 US

New Mailing Address:

FEI Number: 65-0543482 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAKE, BARBARA
900 NORTH FEDERAL HIGHWAY
SUITE 470
BOCA RATON, FL 33432 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: LAKE, BARBARA
Address: 900 N FEDERAL HWY #470
City-St-Zip: BOCA RATON, FL

Title: VPD () Delete
Name: LAKE, LISA
Address: 900 N FEDERAL HIGHWAY #470
City-St-Zip: BOCA RATON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: BARBARA LAKE

PSD

05/05/2008

Electronic Signature of Signing Officer or Director

_____ Date