2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000003480

1. Entity Name
ACCUMEN MARKETING SPECIALISTS, INC.

Principal Place of Business	Mailing Address
100 EAST GRANADA BLVD. ORMOND BEACH, FL 32176	100 EAST GRANADA BLVD. ORMOND BEACH, FL 32176

01312006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3302422
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

REINMAN, JAMES L ESQ.
REINMAN, MATHESON, KOSTRO & VAUGHAN, P.A.
100 EAST GRANADA BLVD. SUITE 104
ORMOND BEACH, FL 32176

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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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DT
NAME	KANDEL, MARTIN M
STREET ADDRESS	100 E GRANADA BLVD
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	DP
NAME	COLTELLI, LARRY
STREET ADDRESS	347 N. BEACH ST.
CITY-ST-ZIP	ORMOND BCH, FL 32174
TITLE	DS
NAME	SCHLOSSBERG, STEVE
STREET ADDRESS	1601 N HALIFAX AVE
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/07/06-80085-002 150.00

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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 addr... with all other like empowered.

SIGNATURE: STEVE SCHLOSSBERG 1-31-06 386-257-2026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #