## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000024705

City-St-Zip:

Entity Name: ACCOUNTING CENTER FOR SMALL BUSINESS. INC.

FILED Jan 07, 2005 Secretary of State

Littly Nai	ile. ACCOON	TING CENTER FOR SWALL BO	Johness, Inc.		
Current Principal Place of Business:			New Princ	ipal Place of Business:	
	WOOD DRIVE ), FL 32807	US			
Current Mailing Address:			New Mailing Address:		
	WOOD DRIVE ), FL 32807	US			
FEI Number:	: 59-3304493	FEI Number Applied For ( )	FEI Number Not Appl	icable ( ) Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
	EVELINDA R FOREST CII ), FL 32828	RCLE US			
	named entity s e of Florida.	submits this statement for the pu	rpose of changing i	ts registered office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	ic Signature of Registered Ager	nt	Date	
Election Car	mpaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title:	CINTRON, FRE 608 CEDAR FO ORLANDO, FL	REST CIR	Title: Name: Address: City-St-Zip: Title:	P (X) Change ( ) Addition RIVERA, EVELINDA 608 CEDAR FOREST CIR ORLANDO, FL 32828 VP (X) Change ( ) Addition	
Name: Address: City-St-Zip:	RIVERA, EVELI 608 CEDAR FO ORLANDO, FL	NDA REST CIR	Name: Address: City-St-Zip:	CINTRON, FREDERICK 608 CEDAR FOREST CIR ORLANDO, FL 32828	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	S () Change (X) Addition CINTRON, JESSICA 608 CEDAR FOREST CIRCLE ORLANDO, FL 32828	
Title: Name: Address:	( )	Delete	Title: Name: Address:	T () Change (X) Addition CINTRON, FREDERICK R 608 CEDAR FOREST CIRCLE	

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.

City-St-Zip:

ORLANDO, FL 32828

SIGNATURE: EVELINDA RIVERA P 01/07/2005