

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000024705

FILED
Mar 29, 2006
Secretary of State

Entity Name: ACCOUNTING CENTER FOR SMALL BUSINESS, INC.

Current Principal Place of Business:

5701 DOGWOOD DRIVE
ORLANDO, FL 32807 US

New Principal Place of Business:

Current Mailing Address:

5701 DOGWOOD DRIVE
ORLANDO, FL 32807 US

New Mailing Address:

FEI Number: 59-3304493 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVERA, EVELINDA
608 CEDAR FOREST CIRCLE
ORLANDO, FL 32828 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: RIVERA, EVELINDA
Address: 608 CEDAR FOREST CIR
City-St-Zip: ORLANDO, FL 32828

Title: VP () Delete
Name: CINTRON, FREDERICK
Address: 608 CEDAR FOREST CIR
City-St-Zip: ORLANDO, FL 32828

Title: S () Delete
Name: CINTRON, JESSICA
Address: 608 CEDAR FOREST CIRCLE
City-St-Zip: ORLANDO, FL 32828

Title: T () Delete
Name: CINTRON, FREDERICK R
Address: 608 CEDAR FOREST CIRCLE
City-St-Zip: ORLANDO, FL 32828

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: EVELINDA RIVERA

P

03/29/2006

Electronic Signature of Signing Officer or Director

_____ Date