2006 FOR PROFIT CORPORATION

FILED May 24, 2006 08:00 AM

ANNUAL REPORT			Secretary of State			
DOCUMENT # P950000403 1. Entity Name ACCOUNTING & MANAGEMENT CO			,	y		
Principal Place of Business 7 AMBERWOOD DRIVE SAVANNAH, GA 31405 US	Maing Address 7 AMBERWOOD DRIVE SAVANNAH, GA 31405 US					
DO NOT WRITE	CE	05172006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 59-3315838 Not Applied For Not Applied For 59-3315838 Sales Required 5. Certificate of Status Desired Sales Required				
6. Name and Address of Current R	egistered Agent				1 ce required	
RAUBACK, JOHN F 7 AMBERWOOD DRIVE SAVANNAH, FL 31405	-		IN '	NOT WR THIS SPA	CE	
The above named entity submits this statement for the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and and agent are statement for the object of the objec	ed office or registered agent, or both, in the State of Florida. I am familiar with, and accepted the company of the company o					
FILE NOWIII FEE 13 \$150.00 Due by September 6, 2006 9. Election Campaign Final Trust Fund Contribution.			.00 May Be ed to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND D TITLE PTS NAME RAUBACK, JOHN F STREET ADDRESS 7 AMBERIA/OOD DRIVE CITY-S7-ZIP SAVANNAH, GA 31405	RECTORS					
TITLE MAMIL STREET ADDRESS GITY-ST-ZIP						
THTE NAME STRIET ADDRESS CITY - ST-ZIP			DO	NOT WR	ITE	
utle Name Street address City-St-Zip				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STRIET ADDRESS						

12. I hereby certify that the information supplied with this tiling 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 affect as if made under outh; 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF