2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 23, 2006 8:00 am Secretary of State 03-23-2006 90005 032 ***150.00 DOCUMENT #,P95000095857 ACCIM-2 CORPORATION Principal Place of Business Mailing Address 101 NORTH WOODLAND BLVD. 101 NORTH WOODLAND BLVD. DELAND, FL 32720 DELAND, FL 32720 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 03062006 Sur Chg-P City & State City & State Applied For 4. FEI Number 59-3351973 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BAUMGARTNER, ROGER B Street Address (P.O. Box Number is Not Acceptable) 101 N WOODLAND BLVD STE 100 DELAND, FL 32720 Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D & TITLE TITLE Addition ☐ Delete BAUMGARTNER, ROGER B NAME 2300 PINE OAK DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELAND, FL 32720 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition BAUMGARTNER, TROY NAME NAME 110 COUNTRY CLUB RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELAND, FL 32724 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE ☐ Change BAUMGARTNER, TRACEY 508 WILD CHERRY RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELAND, FL 32724 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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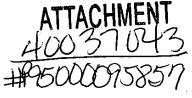
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal 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 address, with all other like empowered.

City-St-7iP

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR





Robert L. Cohen, CPA (1934 - 1996) George S. Smith III, CPA Michael W. Brooks, CPA

FILING INSTRUCTIONS FOR 2006 PROFIT CORPORATION ANNUAL REPORT

CLIENT=	ACCIM-2 Corporation DATE March 6, 2006
ITEMS MARKED "X" REQUIRE YOUR ATTENTION.	
[X] DATE DUE	May 1, 2006
[X] FEE DUE	\$150.00 Attach a check payable to the "Florida Department of State". Indicate your employer identification number on the check.
[X] SIGNATURE	The return should be signed and dated by an officer or director as indicated on the front page (Box #12).
[X] MAIL TO	DIVISION OF CORPORATIONS Post Office Box 6198 Tallahassee, Florida 32314 (We have provided a pre-addressed envelope for your convenience.)
[X] COPY	Retain the "Client Copy" for your files.
[] SPECIAL	