2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: BIOMATURE AND TYPED OFF PRINTED MAKE OF BIOMBIG OFFICER OR DIRECTOR

FILED Apr 12, 2007 08:00 A Secretary of State **DOCUMENT # P96000047163** 1. Entity Name MANAGEMENT ACCOUNTANTS, INC Principal Place of Business Mailing Address **6286 SILVER MOON LANE** P.O. BOX 8398 \$1 GREENACRES, FL 33463 ST CROIX, VI 00823 03192007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0678148 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent **BROODIE, THEODORE T** DO NOT WRITE 6286 SILVER MOON LANE GREENACRES, FL 33463 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE **BROODIE, THEODORE** NAME U00000701088 STREET ADDRESS 6286 SILVER MOON LANE 04/20/07-80043-010 150.00 CITY-ST-ZIP GREENACRES, FL 33463 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE DITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 12. I hereby certify that the information supplied with this filling 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 cath; 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.