


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 10, 2007 08:00 AM
Secretary of State**

DOCUMENT # P96000094314 1. Entity Name ACCURATE INFORMATION SERVICES, INC.	
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Principal Place of Business 2436 N FED HWY #245 LT. HOUSE PT., FL 33064	Mailing Address 2436 N FED HWY #245 LT. HOUSE PT., FL 33064
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01072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0722694	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NENORTAS, LAURIE 2239 DISCOVERY CR WEST DEERFIELD BEACH, FL 33442

**DO NOT WRITE
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 re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000580701
01/10/07-80059-004 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST NENORTAS, LAURIE 2239 DISCOVERY CR WEST DEERFIELD BEACH, FL 33442
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**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/07 954980
Date Daytime Phone #
4374