


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000003573

1. Entity Name
A BY THE NUMBER ACCOUNTING & TAX SERVICE, INC.



Principal Place of Business Mailing Address

1929 IMPERIAL GOLF COURSE BLVD. 1929 IMPERIAL GOLF COURSE BLVD.
 NAPLES, FL 34110 NAPLES, FL 34110

DO NOT WRITE IN THIS SPACE



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-3422996 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WAKELAND, DAVID JR.
 1929 IMPERIAL GOLF COURSE BLVD.
 NAPLES, FL 34110

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	WAKELAND, DAVID JR
STREET ADDRESS	1929 IMPERIAL GOLF COURSE BLVD.
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	V
NAME	WAKELAND, MARCELLA
STREET ADDRESS	1929 IMPERIAL GOLF COURSE BLVD.
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	VP
NAME	WAKELAND, MARCELLA
STREET ADDRESS	664 100TH AVE N
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: *David Wakeland* 4/25/06 239-596-9739
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #