

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000079182**

1. Entity Name  
**DEVELOPMENT ACCOUNTING SERVICES, INC.**



Principal Place of Business  
**711 S. OSPREY AVE.  
 SUITE # 1  
 SARASOTA, FL 34236**

Mailing Address  
**711 S. OSPREY AVE.  
 SUITE # 1  
 SARASOTA, FL 34236**

**DO NOT WRITE IN THIS SPACE**



01312006 No Chg-P CR2E034 (11/05)

4. FCI Number  
**65-0810096** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BODIN, LILLIE E  
 711 S. OSPREY AVE.  
 SUITE # 1  
 SARASOTA, FL 34236**

**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 Lillie E. Bodin DATE 4-13-06

Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when renewing) DATE

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS BODIN, LILLIE E 711 S. OSPREY AVE., STE. # 1 SARASOTA, FL 34236
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 05/01/06 80002-017 150.00

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: Lillie E. Bodin DATE 4-13-06 DAYTIME PHONE # 941-378-3977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #