

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90362 017 ***150.00

DOCUMENT # P97000085451

1. Entity Name
NATIONAL ACCOUNTING SERVICE USA INC.



Principal Place of Business
**2641 NORTHEAST 32ND ST
UNIT 3
FT LAUDERDALE, FL 33306**

Mailing Address
**C/O CLIFF BOWDITCH
6 APPALOOSA DRIVE
KANATA, ONTARIO, CA K2M-1-N6 CA**

50041334



2. Principal Place of Business

824 N.W. 7TH ST.

3. Mailing Address

Suite, Apt. #, etc.

04132005 Chg-P CR2E034 (10/03)

City & State

BOCA RATON, FL

City & State

4. FEI Number

65-0784649

Applied For

Not Applicable

Zip
33486

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BOWDITCH, CLIFF
2641 NORTHEAST 32ND ST.
UNIT 3
FORT LAUDERDALE, FL 33306**

7. Name and Address of New Registered Agent

Name **CLIFF BOWDITCH**

Street Address (P.O. Box Number is Not Acceptable)

824 N.W. 7TH ST.

City **BOCA RATON**

FL

Zip Code
33486

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)

DATE

APR 13/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee will be \$550.00

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
**PD
BOWDITCH, CLIFFORD F
6 APPALOOSA DRIVE
KANATA, ONTARIO, CA k2m1n6**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

APR 13/05 413-591-0229

Date

Daytime Phone #