

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

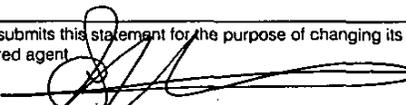
Zip
 Country

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  DATE **APR 13/05**

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, 2005 Fee will be \$550.00

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

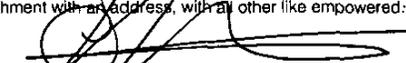
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOWDITCH, CLIFFORD F 6 APPALOOSA DRIVE KANATA, ONTARIO, CA k2m1n6	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **APR 13/05** DAYTIME PHONE # **407-591-0229**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR