2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 28, 2007 8:00 am Secretary of State DOCUMENT # P97000088086 03-28-2007 90006 002 ***150 00 BRANDON ACCOUNTING, INC. Principal Place of Business Mailing Address 203 SOUTH PARSONS AVENUE 203 SOUTH PARSONS AVENUE BRANDON, FL 33511 BRANDON, FL 33511 No Chg-P CR2E034 (11/05) 03252007 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3472357 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PIERCE, M. WEBSTER DO NOT WRITE 203 SOUTH PARSONS AVENUE BRANDON, FL 33511 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **PSTD** TITLE PIERCE, M. WEBSTER NAME 319 KENMORE ROAD STREET ADDRESS CITY-ST-ZIP BRANDON, FL 33511 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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.

CITY-ST-ZIP

PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

3-25-07 813685-5055

FILED