

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000035936

FILED
Apr 16, 2006
Secretary of State

Entity Name: COVE ACCOUNTING PARTNERS, INC.

Current Principal Place of Business:

1649 SE 5TH STREET
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

2379 S.W. 15 STREET
#120
DEERFIELD BEACH, FL 33442

Current Mailing Address:

1649 SE 5TH STREET
DEERFIELD BEACH, FL 33441

New Mailing Address:

2379 S.W. 15 STREET
#120
DEERFIELD BEACH, FL 33442

FEI Number: 65-0830168

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETERS, GAIL
1649 SE 5TH ST
DEERFIELD BEACH, FL 33441 US

Name and Address of New Registered Agent:

PETERS, GAIL
2379 S.W. 15 STREET
#120
DEERFIELD BEACH, FL 33442 US

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.

SIGNATURE:

04/16/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: PETERS, GAIL
Address: 1649 SE 5TH STREET
City-St-Zip: DEERFIELD BEACH, FL 33441

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: PETERS, GAIL
Address: 2379 S.W. 15 STREET
City-St-Zip: DEERFIELD BEACH, FL 33442

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL M. PETERS

PSTD

04/16/2006

Electronic Signature of Signing Officer or Director

Date