

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000035936

FILED
Apr 10, 2007
Secretary of State

Entity Name: COVE ACCOUNTING PARTNERS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

5850 CAMINO DEL SOL
#107
BOCA RATON, FL 33433

Current Mailing Address:

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

New Mailing Address:

5850 CAMINO DEL SOL
#107
BOCA RATON, FL 33433

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

Name and Address of New Registered Agent:

PETERS, GAIL
5850 CAMINO DEL SOL
#107
BOCA RATON, FL 33433 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:

04/10/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: PETERS, GAIL
Address: 5850 CAMINO DEL SOL, #107
City-St-Zip: BOCA RATON, FL 33433

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

04/10/2007

Electronic Signature of Signing Officer or Director

Date