

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000061160

FILED  
Apr 11, 2006  
Secretary of State

Entity Name: ACCOUNTING CONSULTING SERVICES INC

**Current Principal Place of Business:**

525 N OCEAN BLVD  
1416  
POMPANO BEACH, FL 33062

**New Principal Place of Business:**

**Current Mailing Address:**

525 N OCEAN BLVD  
1416  
POMPANO BEACH, FL 33062

**New Mailing Address:**

FEI Number: 65-0849748

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SARDI, EVE  
525 N OCEAN BLVD  
1416  
POMPANO BEACH, FL 33062 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SARDI, EVE  
Address: 525 N OCEAN BLVD 1416  
City-St-Zip: POMPANO BCH, FL 33062

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: EVE SARDI

P

04/11/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date