2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# P98000075792

Entity Name: ACCESS ACCOUNTING, INC.

Current Principal Place of Business:

432 SW LAKEHURST DRIVE
PORT SAINT LUCIE, FL 34983 US

New Principal Place of Business:

432 SW LAKEHURST DRIVE
PORT SAINT LUCIE, FL 349832825 US

Current Mailing Address:

432 SW LAKEHURST DRIVE
PORT SAINT LUCIE, FL 34983 US

New Mailing Address:

FEI Number: 65-0860396 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MYERS, GLENDA F
432 SW LAKEHURST DRIVE
PORT SAINT LUCIE, FL 34983 US

Name and Address of New Registered Agent:

MYERS, GLENDA F
432 SW LAKEHURST DRIVE
PORT SAINT LUCIE, FL 349832825 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: 04/30/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PS ( ) Delete
Name: MYERS, GLENDA F
Address: 432 SW LAKEHURST DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: D ( ) Delete
Name: MYERS, GLENDA F
Address: 432 SW LAKEHURST DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VT ( ) Delete
Name: MYERS, WILLIAM K
Address: 432 SW LAKEHURST DR
City-St-Zip: PORT SAINT LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition
Name: MYERS, GLENDA F
Address: 432 SW LAKEHURST DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 349832825

Title: D (X) Change ( ) Addition
Name: MYERS, GLENDA F
Address: 432 SW LAKEHURST DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 349832825

Title: VT (X) Change ( ) Addition
Name: MYERS, WILLIAM K
Address: 432 SW LAKEHURST DR
City-St-Zip: PORT SAINT LUCIE, FL 349832825

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GLENDA F MYERS P 04/30/2005
Electronic Signature of Signing Officer or Director Date