
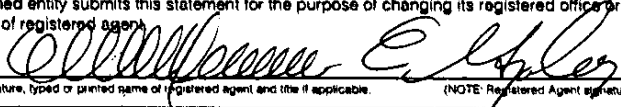
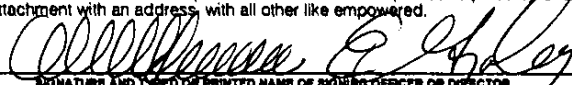


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90474 048 \*\*\*150.00

<b>DOCUMENT # P99000003153</b> 1. Entity Name <b>ACCOUNTING INTERNATIONAL CORP.</b>					
Principal Place of Business <b>1452 N. KROME AVENUE # 102B FLORIDA CITY, FL 33034</b>			Mailing Address <b>1452 N. KROME AVENUE # 102B FLORIDA CITY, FL 33034</b>		
2. Principal Place of Business - No P.O. Box # <b>10510 SW 147ct</b>		3. Mailing Address <b>10510 SW 147ct</b>			
Suite, Apt. #, etc. <b>MIAMI</b>		Suite, Apt. #, etc. <b>MIAMI</b>			
City & State <b>FL</b>		City & State <b>MIAMI FL</b>			
Zip <b>33196</b>	Country <b>USA</b>	Zip <b>33196</b>	Country <b>USA</b>	4. FEI Number <b>65-0888075</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>GONZALEZ, MIRIAM E 10131 SW 154 CIRCLE CT. 107 MIAMI, FL 33196</b>			7. Name and Address of New Registered Agent Name <b>GONZALEZ, MIRIAM E</b> Street Address (P.O. Box Number is Not Acceptable) <b>1452 N. KROME AVE #102B</b> City <b>Florida City</b> <b>FL</b> Zip Code <b>33034</b>		
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  <b>4-30-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>GONZALEZ, MIRIAM 1452 N. KROME AVENUE #102B FLORIDA CITY, FL 33034</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>NIELSEN, RICK 1452 N. KROME AVENUE #102B FLORIDA CITY, FL 33034</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
SIGNATURE: 		<b>4-30-07</b>		<b>305 408 8664</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	