2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000028243

6131 SAINT IVES BLVD.

ORLANDO, FL 32819

Address:

City-St-Zip:

Entity Name: ACCOUNT INTERNATIONAL CORP.

FILED Apr 11, 2005 Secretary of State

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
5950 LAKEHURST DR SUITE 147 ORLANDO, FL 32819			5950 LAKEHURST SUITE 147 ORLANDO, FL 32:		
Current M	lailing Addres	s:	New Mailing Add	ress:	
5950 LAKEHURST DR SUITE 147 ORLANDO, FL 32819			SUITE 147	5950 LAKEHURST DRIVE SUITE 147 ORLANDO, FL 32819 US	
FEI Number:	: 59-3565587	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
6131 SAIN ORLANDO The above		EVARD US	ourpose of changing its regist	ered office or registered agent, or both,	
	e of Florida.				
SIGNATURE: Electronic Signature of Registered Age			ent	 Date	
Election Car	mpaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	PD () PORTIGLIATTI, 6131 SAINT IVE ORLANDO, FL	ES BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD () WAISSMANN, I 8353 LAKE CR ORLANDO, FL	OWELL CIR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MAIA, PAULO F	EAGLE DR. #2722	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	DT () PORTIGLIATTI,	Delete FERNANDA G	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: ANTHONY B. PORTIGLIATTI PD 04/11/2005