

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90095 021 ***150.00

DOCUMENT # P99000029859
 1. Entity Name
 ACCUWEB DATA SOLUTIONS, INC.



40113330



Principal Place of Business
 2801 FLORIDA AVENUE
 SUITE 225
 MIAMI, FL 33133 US

Mailing Address
 2801 FLORIDA AVENUE
 SUITE 225
 MIAMI, FL 33133 US

01102007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
 P.O. Box 801808
 Suite, Apt. #, etc.

3. Mailing Address
 P.O. Box 801808
 Suite, Apt. #, etc.

City & State
 Miami, FL

City & State
 Miami, FL

Zip
 33280

Country
 USA

Zip
 33280

Country
 USA

4. FEI Number
 65-0905719

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SILVERLIGHT, DAVID
 2801 FLORIDA AVENUE
 SUITE 225
 MIAMI, FL 33133

7. Name and Address of New Registered Agent
 Name Silverlight, David
 Street Address (P.O. Box Number is Not Acceptable)
 12833 SW 150 Terrace
 City Miami FL Zip Code 33186

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 *[Signature]* David Silverlight
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reappointing)
 DATE 1/9/07

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete SILVERLIGHT, DAVID 2801 FLORIDA AVE., SUITE 225 MIAMI, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pd <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Silverlight, David P.O. Box 801808 Miami, FL 33280
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
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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 *[Signature]* David Silverlight
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DATE 1/9/07
 Daytime Phone # 215-5707