2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2005
Secretary of State

DOCUMENT# P99000035310

Entity Name: LCE ACCOUNTING SOLUTIONS, INC.

Current Principal Place of Business:

15001 NE 11TH COURT
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

841 NE 206TH STREET
MIAMI, FL 33179

Current Mailing Address:

P.O. BOX 600693
NORTH MIAMI BEACH, FL 33160

New Mailing Address:

FEI Number: 65-0911405 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ETIENNE, LUDMILLA C
P.O. BOX 600693
NORTH MIAMI BEACH, FL 33160 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/M ( ) Delete
Name: ETIENNE, LUDMILLA C
Address: P.O. BOX 600693
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: VP/D ( ) Delete
Name: ETIENNE, WIDMARK P
Address: P.O. BOX 600693
City-St-Zip: NORTH MIAMI BEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: LUDMILLA ETIENNE P/M 03/05/2005

Electronic Signature of Signing Officer or Director — Date