

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S26847

FILED
Mar 07, 2005
Secretary of State

Entity Name: CORPORATE ACCOUNTING GROUP, INC.

Current Principal Place of Business:

515 N. FLAGLER DRIVE
SUITE 703
WEST PALM BEACH, FL 33401 US

Current Mailing Address:

515 N. FLAGLER DRIVE
SUITE 703
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

1402 ROYAL PALM BEACH BLVD
BLDG 700 SUITE 114
ROYAL PALM BEACH, FL 33411 US

New Mailing Address:

1402 ROYAL PALM BEACH BLVD.
BLDG 700 SUITE 114
ROYAL PALM BEACH, FL 33411 US

FEI Number: 65-0236352 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHAEL GRAHAM
515 N. FLAGLER DRIVE
SUITE 703
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

MICHAEL GRAHAM
1402 ROYAL PALM BEACH BLVD
BLDG 700 SUITE 114
ROYAL PALM BEACH, FL 33411 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: MICHAEL GRAHAM

03/07/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P, D () Delete
Name: GRAHAM, MICHAEL,
Address: 515 N. FLAGLER DR. #703
City-St-Zip: WEST PALM BEACH, FL 33401

Title: S (X) Delete
Name: GALLAGHER, AILEEN M MS
Address: 515 N. FLAGLER DRIVE #703
City-St-Zip: WEST PALM BEACH, FL 33401

Title: AS (X) Delete
Name: ALEMAN, DAYLI MS
Address: 515 N. FLAGLER DRIVE #703
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D (X) Delete
Name: CORLEY, WILLIAM H MR
Address: 515 N. FLAGLER DRIVE #703
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D (X) Delete
Name: FISHER, MICHAEL R MR
Address: 515 N. FLAGLER DRIVE #703
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, D (X) Change () Addition
Name: GRAHAM, MICHAEL,
Address: 1402 ROYAL PALM BEACH BLVD #700-114
City-St-Zip: ROYAL PALM BEACH, FL 33411

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

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

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: MICHAEL GRAHAM

PRES

03/07/2005

Electronic Signature of Signing Officer or Director

Date