


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90039 006 ***150.00

DOCUMENT # V09303			
1. Entity Name ACCUMEN MANAGEMENT SERVICES, INC.			
Principal Place of Business 100 EAST GRANADA BLVD ORMOND BEACH, FL 32176 US		Mailing Address 100 EAST GRANADA BLVD ORMOND BEACH, FL 32176 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01152007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3105870

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
VAUGHN, KATHY 110 EAST GRANADA BLVD SUITE 104 ORMOND BEACH, FL 32176		Name Street Address (P.O. Box Number is Not Acceptable) 102 EAST GRANADA BLVD SECOND FLOOR City ORMOND BEACH FL Zip Code 32176	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANDEL, MARTIN M.	NAME	
STREET ADDRESS	100 EAST GRAMADA BLVD	STREET ADDRESS	100 EAST GRANADA BLVD
CITY-ST-ZIP	ORMOND BEACH, FL 32176	CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLTELLI, LARRY	NAME	
STREET ADDRESS	347 N. BEACH STREET	STREET ADDRESS	100 EAST GRANADA BLVD
CITY-ST-ZIP	ORMOND BEACH, FL 32174	CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLOSSBERG, STEVE	NAME	
STREET ADDRESS	1601 N HALIFAX AVE	STREET ADDRESS	100 EAST GRANADA BLVD
CITY-ST-ZIP	DAYTONA BEACH, FL 32118	CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **STEVE SCHLOSSBERG** 2-2-07 (386) 257-2026

DATE: _____ DAYTIME PHONE: _____