


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000005053
 1. Entity Name
ACCUPOLL, INC.



Principal Place of Business 15101 RED HILL AVE., SUITE 220 TUSTIN, CA 92780	Mailing Address 15101 RED HILL AVE., SUITE 220 TUSTIN, CA 92780
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07012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 33-0979287	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 NRAI SERVICES, INC.
 526 EAST PARK AVENUE
 TALLAHASSEE, FL 32301

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WIEBE, FRANK 15101 RED HILL AVE., SUITE 220 TUSTIN, CA 92780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD VADURA, DENNIS 15101 RED HILL AVE., SUITE 220 TUSTIN, CA 92780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORCELLI, ANDREEA M LARGO QUINTI ALPINI 12, 2 PLANO MILAN 20145, ITALY,
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 07-15/04-80001-016 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Frank Wiebe Date: 7/12/2004 Daytime Phone #: 949-200-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR