2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 10, 2008 08:00 A Secretary of State **DOCUMENT # P00000074849** 1. Entity Name CONSULTING ACCOUNTING SERVICES, INC. Principal Place of Business Mailing Address 165 BENT TREE DR 165 BENT TREE DR PALM BEACH GARDENS, FL 33418 PALM BEACH GARDENS, FL 33418 04072008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1033610 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE COCHRAN, GENE M 165 BENT TREE DR PALM BEACH GARDENS, FL. 33418 IN THIS SPACE 8. The above named entity submits this statement for the durpose 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME COCHRAN, GENE M 14394 CYPRESS ISLAND CT STREET ADDRESS CITY-ST-ZIP PALM BEACH, FL 33410 TITLE U0000088986N NAME 04/22/08-80049-024 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 tuislee 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 puter like empowered.

FILED