


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90004 005 ***150.00

DOCUMENT # L38633 1. Entity Name ACACIA HISTORICAL ARTS INTERNATIONAL, INC.	
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40017446

Principal Place of Business 2358 S. OCEAN BLVD. HIGHLAND BCH, FL 33487 US	Mailing Address % LINDA K. JOHNSON CPA. 600 W HILLSBORO BLVD SUITE 510 DEERFIELD BEACH, FL 33441
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01062006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0167373	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JOHNSON, LINDA 600 W HILLSBORO BLVD SUITE 510 DEERFIELD BEACH, FL 33441	7. Name and Address of New Registered Agent Name JOHNSON, LINDA Street Address (P.O. Box Number is Not Acceptable) 350 JIM MORAN BLVD. STE. 220 City DEERFIELD BEACH FL Zip Code 33442
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	D GREENE, CARROLL 532 E STATE ST SAVANNAH, GA 31401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INCE, PETER C. 1216 SW MULBERRY WAY BOCA RATON, FL 33486 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDV HERTEL, GEORGE S 1515 RUNNING CEDAR CT CHARLOTTESVILLE, VA 22911 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'ROURKE, MICHAEL 1337 SW 2ND ST BOCA RATON, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 600 S. OCEAN BLVD. #705 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MC ALLISTER, JANE 1081 NW 13TH CT #1 BOCA RATON, FL 33486 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7670 SE SHENANDOAH DR. HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERTEL, MARILYN 1515 RUNNING CEDAR CT CHARLOTTESVILLE, VA 22911 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: George S. Hertel **GEORGE S. HERTEL** 2/18/06 **434-293-1281**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40017446

ADDITIONS TO LIST OF OFFICERS AND DIRECTORS
ACACIA HISTORICAL ARTS INTERNATIONAL, INC.
DOCUMENT# L38633

TITLE: D
NAME: HERTEL, CHARLES R.
STREET ADDRESS: 4579 SETTLES BRIDGE ROAD
CITY-ST-ZIP SUWANNE, GA 30174

TITLE: P
NAME: VINCENT, BERNARD JOSEPH
STREET ADDRESS: 1064 HIGH ROCK ROAD
CITY-ST-ZIP RAPHINE, VA 24472

TITLE: S
NAME: EDDRINGTON, THOMAS
STREET ADDRESS: 14476 REUTER STRASSE CR, UNIT 2
CITY-ST-ZIP TAMPA, FL 33613

TITLE: T
NAME: REID, CHRISTOPHER
STREET ADDRESS: 2530 INDIAN LAUREL ROAD
CITY-ST-ZIP CHARLOTTESVILLE, VA 22911