

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 MAR -6 PM 2: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # M25629
1. Entity Name
ACD SYSTEMS OF AMERICA, INC.

Principal Place of Business 1150 NW 72 AVE 2ND FLOOR MIAMI, FL 33126	Mailing Address 1150 NW 72 AVE 2ND FLOOR MIAMI, FL 33126
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DO NOT WRITE IN THIS SPACE



02212007 No Chg-P CR2E034 (11/05) 07

4. FEI Number 59-2708011	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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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. **\$5.00** May Be Added to Fees

900092304849
03/13/07--01006--011 **150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANDEKERKHOVE, DOUGLAS 1150 NW 72 AVE., 2ND FLOOR MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEQUEIRA, WILLIAM 1150 NW 72 AVE., 2ND FLOOR MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, GEORGE 1150 NW 72 AVE., 2ND FLOOR MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: **March 5/07** (250) 544-6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #