



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 04, 2007 8:00 am
Secretary of State

09-04-2007 90043 047 ***550.00

DOCUMENT # P01000060683			
1. Entity Name ACM HOLDINGS, INC.			
Principal Place of Business 18455 MIRAMAR PARKWAY SUITE 185 MIRAMAR, FL 33029		Mailing Address 18455 MIRAMAR PARKWAY SUITE 185 MIRAMAR, FL 33029	
2. Principal Place of Business - No P.O. Box # 18455 Miramar Pkwy Suite, Apt. #, etc. Suite 185 City & State Miramar FL Zip 33029 Country USA		3. Mailing Address 18455 Miramar Pkwy Suite, Apt. #, etc. Suite 185 City & State Miramar FL Zip 33029 Country USA	
4. FEI Number 65-1120347		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMBLIN, CLAYTON L 18455 MIRAMAR PARKWAY SUITE 185 MIRAMAR, FL 33029		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAMBLIN, CLAYTON 18455 MIRAMAR PARKWAY #185 MIRAMAR, FL 33029 <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 CAMBLIN, EUGENIA ADAMS 18455 MIRAMAR PARKWAY #185 MIRAMAR, FL 33029 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Date: 8/1/07 Daytime Phone #: 954-294-8494	