

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000079189

FILED
Apr 26, 2006
Secretary of State

Entity Name: ACREAGE UNLIMITED ASSOCIATION, INC.

Current Principal Place of Business:

10200 AVON PARK CUT-OFF ROAD
FORT MEADE, FL 33841

New Principal Place of Business:

254 E STUART AVE
SUITE 203
LAKE WALES, FL 33853

Current Mailing Address:

POST OFFICE BOX 168
LAKE WALES, FL 33859

New Mailing Address:

FEI Number: 52-2367665

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMMONS, DAVID B
POST OFFICE BOX 168
LAKE WALES, FL 33859 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SIMMONS, DAVID B
Address: 10200 AVON PARK CUT-OFF ROAD
City-St-Zip: FORT MEADE, FL 33841

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SIMMONS, DAVID B
Address: 254 E STUART AVE SUITE 203
City-St-Zip: LAKE WALES, FL 33853

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID B. SIMMONS

PD

04/26/2006

Electronic Signature of Signing Officer or Director

Date