

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
May 24, 2007
Secretary of State**

DOCUMENT# P04000115671

Entity Name: A/C DOCTOR COMPLETE INC.

Current Principal Place of Business:

327 PARQUE DR.
#7
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

126 TIMBERLINE TRAIL
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 75-3163388 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARVEY, GLEN V
126 TIMBERLINE TRAIL
ORMOND BEACH, FL 32174 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

OFFICERS AND DIRECTORS:

Title: MR. () Delete
Name: HARVEY, GLEN V
Address: 126 TIMBERLINE TR.
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: HARVEY, GLEN V
Address: 126 TIMBERLINE TR.
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify 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: GLEN V. HARVEY

PRES

05/24/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date