


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2006 08:00-AM**  
**Secretary of State**

**DOCUMENT # P96000040078**  
1. Entity Name  
**ADVANCED CNC MACHINING, INC.**



Principal Place of Business      Mailing Address  
**1300 NORTHWEST 13 AVENUE  
POMPANO BEACH, FL 33069**      **1300 NORTHWEST 13 AVENUE  
POMPANO BEACH, FL 33069**



01052006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**65-0665270**      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**PAULOVICH, PETER A  
1300 NW 13TH AVE  
POMPANO BEACH, FL 33069**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when rechartering)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PTD
NAME	PAULOVICH, PETER A
STREET ADDRESS	1300 NORTHWEST 13 AVE
CITY ST ZIP	POMPANO BEACH, FL 33069
TITLE	VSD
NAME	PAULOVICH, MICHAEL
STREET ADDRESS	1300 NORTHWEST 13 AVE
CITY ST ZIP	POMPANO BEACH, FL 33069
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

**DO NOT WRITE  
IN THIS SPACE**

UN00000380836  
01/11/06-80029-019 150.00

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 empowerments.

**SIGNATURE:** *Peter A Paulovich*    **PETER A. PAULOVICH**    1/05/06    954-977-3570  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #