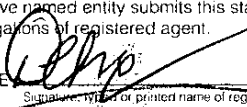


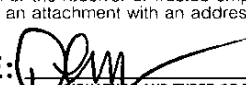
2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90075 008 ***150.00

DOCUMENT # S62176					
1. Entity Name ATLANTIC COASTAL ELECTRONICS, INC.					
Principal Place of Business 2471 RIVERTREE CIRCLE SANFORD FL 32771-8334 US			Mailing Address 2471 RIVERTREE CIRCLE SANFORD FL 32771-8334 US		
2. Principal Place of Business			New Address to Remit		
Suite, Apt. #, etc.			1875 Lake Markham Preserve Trail		
City & State			Sanford, FL 32771		
Zip			(407) 328-1040		
Country		Country		USA	
6. Name and Address of Current Registered Agent					
Current address					
FOGLEMAN, DEBBIE S. 741 CRESTBROOK LOOP LONGWOOD FL 32750					
New Address to Remit					
1875 Lake Markham Preserve Trail					
Sanford, FL 32771					
(407) 328-1040					
8. The above named entity submits this statement of the obligations of registered agent.					
SIGNATURE 				DATE 2-6-06	
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FOGLEMAN, DEBBIE S		NAME		
STREET ADDRESS	2471 RIVERTREE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FOGLEMAN, SHAWN D		NAME		
STREET ADDRESS	2471 RIVERTREE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date **2/6/06** Daytime Phone # **407 328 1040**