

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L77546

FILED
Jan 26, 2009
Secretary of State

Entity Name: ACOUSTICAL CEILINGS LEVEL INC.

Current Principal Place of Business:

% OZELLA C. JENKINS
380 S. STATE RD 434, STE. 1004-105
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

OZELLA C. JENKINS
380 S. STATE RD 434, STE. 1004-105
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

% OZELLA C. JENKINS
380 S. STATE RD 434, STE. 1004-105
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

OZELLA C. JENKINS
380 S. STATE RD 434, STE. 1004-105
ALTAMONTE SPRINGS, FL 32714

FEI Number: 59-3019037

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JENKINS, OZELLA C.
380 S. STATE RD 434
SUITE 1004-105
ALTAMONTE SPRINGS, FL 32714 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: JENKINS, OZELLA C.,
Address: 3668 NW 27TH CT.
City-St-Zip: LAUDERDALE LAKE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: OZELLA JENKINS

PRES

01/26/2009

Electronic Signature of Signing Officer or Director

Date