
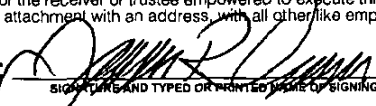


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90065 005 ***158.75

DOCUMENT # 145836					
1. Entity Name ACOUSTI ENGINEERING COMPANY OF FLORIDA					
Principal Place of Business 4656 34TH ST. S.W. ORLANDO, FL 32861			Mailing Address 4656 34TH ST. S.W. ORLANDO, FL 32861		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0543535	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VERNER, JAMES R 4656 34TH STREET SW ORLANDO, FL 32811			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	SVP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TERRANOVA, R R		NAME		
STREET ADDRESS	2802 PLANT STREET		STREET ADDRESS	4656 34th Street, S.W.	
CITY-ST-ZIP	TALLAHASSEE, FL 32304		CITY-ST-ZIP	Orlando, FL 32811	
TITLE	T	<input type="checkbox"/> Delete	TITLE	Vice President/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROZIER, ROBERT		NAME		
STREET ADDRESS	4656 34TH ST. S.W.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32811		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERNER, JAMES R		NAME		
STREET ADDRESS	4656 34TH ST. S.W.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32811		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNKLEY, BARRY		NAME		
STREET ADDRESS	4656 34TH STREET S.W.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32811		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	Vice President/Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERNER, JAMES R JR		NAME		
STREET ADDRESS	4656 34TH STREET. SW.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32811		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Judy, Jay	
STREET ADDRESS			STREET ADDRESS	4656, 34th Street, S.W.	
CITY-ST-ZIP			CITY-ST-ZIP	Orlando, FL 32811	
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 empowered.					
SIGNATURE: 		James R. Verner, Sr. Pres/CEO 1/16/06 407/425-3467			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	