2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 145868

Entity Name: A.C.T., INC.

FILED Feb 10, 2009 Secretary of State

Littly Name: A.C.T., INC.						
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
	H CALHOUN S SSEE, FL 3230					
Current M	ailing Addres	s:	New Mailing Address:			
	H CALHOUN S SSEE, FL 3230					
FEI Number:	59-0559195	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
	DUBOSE H CALHOUN S SSEE, FL 3230		227 SOÚTI	AUSLEY, DUBOSE 227 SOUTH CALHOUN STREET TALLAHASSEE, FL 32301 US		
	named entity s e of Florida.	ubmits this statement for the p	urpose of changing i	ts registered o	office or registered agent, or both,	
SIGNATUR	RE: DUBOSE	AUSLEY		02/10/2009		
	Electron	ic Signature of Registered Age	nt		Date	
Election Car	npaign Financing	Trust Fund Contribution ().				
OFFICERS	S AND DIREC	rors:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	AST () AUSLEY, DUBO 227 S CALHOUI TALLAHASSEE,	N STREET	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	ASVP () MCKEE, JUDY, 227 S CALHOUI TALLAHSSEE, F		Title: Name: Address: City-St-Zip:	ASVP (X MCKEE, JUDY 227 S CALHOL TALLAHSSEE,	ÚN ST	
Title: Name: Address: City-St-Zip:	CT () AUSLEY, DANIE 227 S. CALHOU TALLAHASSEE,	N ST.	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name:	PS () AUSLEY, LORA	Delete NNE	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: DANIEL M. AUSLEY CT 02/10/2009

227 S. CALHOUN ST.

TALLAHASSEE, FL 32301

Address:

City-St-Zip: