




**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90014 021 ***150.00

DOCUMENT # 384830 1. Entity Name AUSTIN COMMUNICATIONS EDUCATION SERVICES, INC.					
Principal Place of Business 2937 LANDMARK WAY PALM HARBOR, FL 34684 US			Mailing Address 2555 ENTERPRISE RD SUITE 10 CLEARWATER, FL 33763 US		
2. Principal Place of Business 2555 ENTERPRISE RD Suite, Apt. #, etc. SUITE 10 City & State CLEARWATER, FL Zip 33763		3. Mailing Address Suite, Apt. #, etc. City & State Zip			
4. FEI Number 59-1596934		Applied For <input type="checkbox"/> Not Applicable		01042006 Chg-P CR2E034 (11/05)	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent TSAGARIS, JOHN S 2555 ENTERPRISE RD #10 CLEARWATER, FL 33759			
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 registering) 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD AUSTIN, ROBERT F. 1403 ROUNDHOUSE LANE ALEXANDRIA, VA 22314 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS AUSTIN, JOAN M 1403 ROUNDHOUSE LANE ALEXANDRIA, VA 22314 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: 			Date: 3/21/06		