

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 639708

FILED
Jan 03, 2008
Secretary of State

Entity Name: ANNOUNCEMENT CONVERTERS, INC.

Current Principal Place of Business:

13165 NW 45 AVE
OPA LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

13165 NW 45 AVE
OPA LOCKA, FL 33054 US

New Mailing Address:

FEI Number: 59-1944660

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREEMAN, PAUL H., ESQ.
1840 W. 49 STREET
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

DIXON, SHARON
2200 MUSEUM TOWER
150 W FLAGLER ST
MIAMI, FL 33130 US

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: SHARON DIXON

01/03/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GREENE, STANTON A.,
Address: 13165 NW 45 AVE
City-St-Zip: OPA LOCKA, FL 33054

Title: AS () Delete
Name: FREEMAN, PAUL,
Address: 1840 W. 49 ST #410
City-St-Zip: HIALEAH, FL 33012

Title: TD () Delete
Name: GREENE, GAIL S.,
Address: 13165 NW 45 AVE
City-St-Zip: OPA LOCKA, FL 33054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: AS (X) Change () Addition
Name: DIXON, SHARON,
Address: 2200 MUSEUM TOWER 150 W FLAGLER ST
City-St-Zip: MIAMI, FL 33130

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: STANTON GREENE

PD

01/03/2008

Electronic Signature of Signing Officer or Director

Date