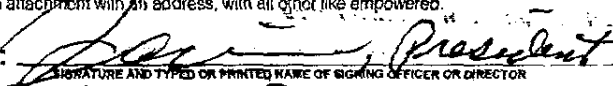


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 671306 1. Entity Name ACROVEST CORPORATION			
Principal Place of Business 7139 CRYSTAL LAKE DR WEST PALM BCH, FL 33411 US		Mailing Address 7139 CRYSTAL LAKE DR WEST PALM BCH, FL 33411 US	
DO NOT WRITE IN THIS SPACE			
		03202006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2015817	Applied For ☒ Not Applicable
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SIMPSON, JACK B 7139 CRYSTAL LAKE DR WEST PALM BCH, FL 33411		DO NOT WRITE IN THIS SPACE	
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 (re)registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
		U000000479873 04/10/06-80021-022 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SIMPSON, JACK B. 7139 CRYSTAL LAKE DR WEST PALM BCH, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SIMPSON, WINONA C 7139 CRYSTAL LAKE DR WEST PALM BCH, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
DO NOT WRITE IN THIS SPACE			
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JACK B. SIMPSON		3-20-06 561-687-3377 Date Daytime Phone	