## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F01000000758

Entity Name: AMERICAN COMMERCE SOLUTIONS, INC.

FILED Apr 27, 2006 Secretary of State

| •  |   | ···-, ···                      |   |   |  |
|--|---|--------------------------------|---|---|--|
| Current Principal Place of Business:   |   |                                | New Princ                                   | New Principal Place of Business:  |  |
| 1400 CHAN<br>BARTOW,   | MBER DRIVE<br>FL 33830                              |                                |   |   |  |
| Current Mailing Address:   |   |                                | New Mailing Address:                        |   |  |
| 1400 CHAN<br>BARTOW,   |   |                                |   |   |  |
| FEI Number:  | 05-0460102  | FEI Number Applied For ( )     | FEI Number Not Appli                        | cable ( ) Certificate of Status Desired ( )   |  |
| Name and   | Address of (  | Current Registered Agent:      | Name and                                    | Address of New Registered Agent:  |  |
| HEFNER, [<br>1502 N. TA<br>BRANDON   |   | 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:   |   |                                |   |   |  |
| Electronic Signature of Registered Agent   |   |                                |   | Date  |  |
| Election Carr  | ıpaign Financin                                     | g Trust Fund Contribution ( ). |   |   |  |
| OFFICERS AND DIRECTORS:  |   |                                | ADDITION                                    | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | PUISSEGUR, F  | DA AVE STE 12                  | Title:<br>Name:<br>Address:<br>City-St-Zip: | CFOD (X) Change ( ) Addition<br>PUISSEGUR, FRANK D<br>5410 S FLORIDA AVE STE 12<br>LAKELAND, FL 338076196 |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | PD (<br>HEFNER, DAN<br>1502 N. TAYLO<br>BRANDON, FL | DR RD                          | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition   |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | CD (<br>MAXWELL, RO<br>1400 CHAMBE<br>BARTOW, FL    |                                | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition   |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | SD (<br>LEWIS, CYNTI<br>485 E STANFO<br>BARTOW, FL  | RD STREET                      | Title:<br>Name:<br>Address:<br>City-St-Zip: | S (X) Change ( ) Addition<br>LEWIS, CYNTHIA A<br>485 E STANFORD STREET<br>BARTOW, FL 33830                |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | (   | ) Delete                       | Title:<br>Name:<br>Address:<br>City-St-Zip: | D () Change (X) Addition<br>MUELLER, W. ANDREW<br>1707 W REYNOLDS ST<br>PLANT CITY, FL 33563              |  |

I hereby certify that the information supplied with this filing does not qualify for the 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: CYNTHIA LEWIS S 04/27/2006