

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State


04-18-2005 90567 014 ****61.25

20036437



DOCUMENT # F01000003341

1. Entity Name
 ASSOCIATION FOR CONSUMER AWARENESS, INC.



Principal Place of Business 3801 WILLIAM D TATE STE 800 GRAPEVINE, TX 76051	Mailing Address 3801 WILLIAM D TATE STE 800 GRAPEVINE, TX 76051
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DO NOT WRITE IN THIS SPACE

04052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 75-2422086	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005

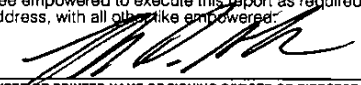
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC JENSEN, JEFFREY 3801 WILLIAM D.TATE #800 GRAPEVINE, TX 76051
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV WOLFE, RALPH 3801 WILLIAM D-TATE #800 GRAPEVINE, TX 76051
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST PAGEL, CINDY D 3801 WILLIAM D TATE #800 GRAPEVINE, TX 76051
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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 exemption stated in Section 119.07(3)(i), 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 617, 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: 4/5/05 DAYTIME PHONE #: 817-310-4200

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #