


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 08:00 A
Secretary of State

DOCUMENT # F01000005901
 1. Entity Name
ALTERNATIVE COMPUTER TECHNOLOGY, INC.



Principal Place of Business
7908 CINCINNATI - DAYTON RD, STE W
WEST CHESTER, OH 45069

Mailing Address
7908 CINCINNATI - DAYTON RD, STE W
WEST CHESTER, OH 45069

DO NOT WRITE IN THIS SPACE



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number
31-1578439

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CARABOTTA, RAY
3466 NORTH MIAMI AVE.
MIAMI, FL 33127

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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**

U00000563110
 05/19/06-80082-005 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD FARRELL, THOMAS P 7908 CINCINNATI - DAYTON RD, STE W WEST CHESTER, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GENSHEIMER, KENNETH 7908 CINCINNATI - DAYTON RD, STE W WEST CHESTER, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GREER, KAREN A 7908 CINCINNATI - DAYTON RD, STE W WEST CHESTER, OH
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 any other like empowerment.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-28-06** Daytime Phone #: **513-255-1957**