


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2006 8:00 am
Secretary of State

08-24-2006 90063 034 ***558.75

DOCUMENT # F04000002859					
1. Entity Name ACH ENTERPRISES, INC. OF TEXAS					
Principal Place of Business 606 BALD EAGLE DRIVE, SUITE 610 MARCO ISLAND, FL 34145			Mailing Address 606 BALD EAGLE DRIVE, SUITE 610 MARCO ISLAND, FL 34145		
2. Principal Place of Business 1225 Orange Ct Suite, Apt. #, etc.		3. Mailing Address 1225 Orange Ct Suite, Apt. #, etc.			
City & State Marco Island, FL Zip 34145		City & State Marco Island, FL Zip 34145		4. FEI Number 75-2945880	
Country U.S.		Country U.S.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARLAND, YSABEL R. 606 BALD EAGLE DRIVE, SUITE 610 MARCO ISLAND, FL 34145			7. Name and Address of New Registered Agent Name: Ysabel R. Garland Street Address (P.O. Box Number is Not Acceptable): 1225 Orange Ct City: Marco Island FL Zip Code: 34145		
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: <u>Ysabel R. Garland</u> (NOTE: Registered Agent signature required when reissuing) DATE: <u>8-21-06</u>					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCST GARLAND, RICHARD G 2502 LIVE OAK STREET, #224 DALLAS, TX 75204		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>[Signature]</u>			Date: <u>8-21-06</u> Daytime Phone #: <u>239 442 7131</u>		