

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 Mailing Address

606 BALD EAGLE DRIVE, SUITE 610 **606 BALD EAGLE DRIVE, SUITE 610**
MARCO ISLAND, FL 34145 **MARCO ISLAND, FL 34145**

2. Principal Place of Business 3. Mailing Address

1225 Orange Ct **1225 Orange Ct**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



08192006 Chg-P CR2E034 (11/05)

City & State City & State 4. FEI Number Applied For

Marco Island, FL **Marco Island, FL** **75-2945880** Not Applicable

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

34145 **U.S.** **34145** **U.S.**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

GARLAND, YSABEL R. Name **Ysabel R. Garland**
606 BALD EAGLE DRIVE, SUITE 610 Street Address (P.O. Box Number is Not Acceptable) **1225 Orange Ct**
MARCO ISLAND, FL 34145 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 *Ysabel R. Garland* DATE 8-21-06

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

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. \$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 <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
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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: *Ysabel R. Garland* Date 8-21-06 Daytime Phone # 239 442 7131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR