



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2007 08:00 AM**  
**Secretary of State -**

<b>DOCUMENT # H16074</b> 1. Entity Name <b>ACKERMAN JEWELERS, INC.</b>			
Principal Place of Business <b>% RON ACKERMAN 5335 EHRLICH RD TAMPA, FL 33625</b>		Mailing Address <b>% RON ACKERMAN 5335 EHRLICH RD TAMPA, FL 33625</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		02052007 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>59-2431678</b>	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ACKERMAN, RON 5335 EHRLICH RD TAMPA, FL 33625</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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><i>Ron Ackerman</i></u> (NOTE: Registered Agent signature required when reinstating) <u><i>Ron Ackerman</i></u> DATE <u>2/7/07</u>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		U00000628783 02/16/07 00030-015 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ACKERMAN, RON 16304 ROCKY POND PL ODESSA, FL 33556	<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ACKERMAN, TINA 16304 ROCKY POND PL ODESSA, FL 33556		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PORRAS, TIM 1810 CANOE DRIVE LUTZ, FL 33549		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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><i>Ron Ackerman</i></u> <u><i>Ron Ackerman</i></u> <u>2/7/07</u> <u>813 9647324</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #			