

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90030 023 \*\*\*158.75

**60007254**



01102006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # H61981</b> 1. Entity Name <b>A. C. T. SERVICES, INC.</b>					
Principal Place of Business <b>7596 N.W. 8TH STREET</b> <b>MIAMI, FL 33126</b>			Mailing Address <b>7596 N.W. 8TH STREET</b> <b>MIAMI, FL 33126</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2561674</b>	
				Applied For <input type="checkbox"/> 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>ANDERSON, WOOLTON E.</b> <b>11821 SW 123RD AVENUE</b> <b>MIAMI, FL 33186</b>			7. Name and Address of New Registered Agent Name <b>ANDERSON, WOOLTON E.</b> Street Address (P.O. Box Number is Not Acceptable) <b>16111 S.W. 102 Avenue</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33157</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GOLDING, DERRICK B.</b>		NAME		
STREET ADDRESS	<b>7596 NW EIGHTH ST.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL</b>		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LAKE, RICHARD A.</b>		NAME		
STREET ADDRESS	<b>7596 N.W. EIGHT ST.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ANDERSON, WOOLTON E.</b>		NAME		
STREET ADDRESS	<b>16111 SW 102 AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL</b>		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>O'CONNOR, MARK</b>		NAME	<b>O'CONNOR, MARK</b>	
STREET ADDRESS	<b>9020 S.W. 20TH STREET</b>		STREET ADDRESS	<b>713 Santee Terre Lane</b>	
CITY-ST-ZIP	<b>MIRAMAR, FL</b>		CITY-ST-ZIP	<b>Winter Garden, Fl.34787</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b>		<b>DERRICK B. GOLDING</b>		<b>1/10/06</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<b>305-264-6642</b> <small>Daytime Phone #</small>	