2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H61981

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

MIAMI, FL

O'CONNOR, MARK

713 SANTEE TERRE LANE

WINTER GARDEN, FL 34787

(X) Delete

FILED Mar 05, 2007 Secretary of State

Entity Nar	ne: A.C.T	: SERVICES, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
7596 N.W. 8TH STREET MIAMI, FL 33126				6157 N. W. 167TH STREET UNIT F-1 HIALEAH, FL 33015 US			
Current Mailing Address:				New Mailing Address:			
7596 N.W. 8TH STREET MIAMI, FL 33126				6157 N. W. 167TH STREET UNIT F-1 HIALEAH, FL 33015			
FEI Number:	59-2561674	FEI Number Applied For ()	FEI Nun	mber Not Applicable ()		Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
16111 SW MIAMI, FL The above in the State	named enti e of Florida.	JE IS	ourpose o	f changing it	s registere	d office or registered agent, or both,	
SIGNATURE: Electronic Signature of Registered Agent				 Date			
Election Can		cing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD GOLDING, I 7596 NW EI MIAMI, FL	() Delete DERRICK B., GHTH ST.		Title: Name: Address: City-St-Zip:		(X) Change()Addition DERRICK B., 167TH STREET, UNIT F-1 L 33015	
Title: Name: Address: City-St-Zip:	TD LAKE, RICH 7596 N.W. E MIAMI, FL			Title: Name: Address: City-St-Zip:	TD LAKE, RICH 6157 N. W. HIALEAH, FI	167TH STREET, UNIT F-1	
Title: Name: Address:	S ANDERSON 16111 SW	() Delete , WOOLTON E. 102 AVE		Title: Name: Address:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: DERRICK B. GOLDING PD 03/05/2007

() Change () Addition