2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L40047

Entity Name: ACR SYSTEMS, INC.

FILED Aug 31, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8226 PHILLIPS HIGHWAY 122 N JEFFERSON STREET JACKSONVILLE, FL 32204 SUITE 102 US

JACKSONVILLE, FL 32256 US

JACKSONVILLE, FL 32256

New Mailing Address: Current Mailing Address:

8226 PHILLIPS HIGHWAY 122 N JEFFERSON STREET SUITE 102 JACKSONVILLE, FL 32204 US

FEI Number: 59-2979631 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

MICHAUD, GENE R. MICHAUD, GENE R 8226 PHILLIPS HIGHWAY 122 N JEFFERSON STREET SUITE 102 JACKSONVILLE, FL 32204 US JACKSONVILLE, FL 32256 US

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.

SIGNATURE: GENE R. MICHAUD 08/31/2006

> Electronic Signature of Registered Agent Date

> > Name:

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

US

Title: CFO () Delete HUFFMAN, JOHN R Name: 8226 PHILLIPS HWY STE 102 Address: City-St-Zip: JACKSONVILLE, FL 32256

() Delete Title: STD Name: MICHAUD, GENE R 8226 PHILLIPS HWY STE 102 Address: JACKSONVILLE, FL 32256 City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition HUFFMAN, JOHN R Name: 122 N JEFFERSON STREET Address: City-St-Zip: JACKSONVILLE, FL 32205

Title: STD (X) Change () Addition MICHAUD, GENE R

Address: 122 N JEFFERSON STREET JACKSONVILLE, FL 32204 City-St-Zip:

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.

SIGNATURE: GENE R. MICHAUD STD 08/31/2006