ANNUAL REPORT (AR)					Apr 17, 2006 08:00 AM				
DOCUMENT # L42638 1. Entity Name						Secretary			
ACOUST	ICAL SPECIALIST, INC.								
Principal Plac	ce of Business	Mailing Address			1				
3426 ANDREW AVE PENSACOLA FL 32505 US		PO BOX 37190 PENSACOLA FL 3252 US	PENSACOLA FL 32526						
2. Principal Place of Business		3. Mailing Address	3. Mailing Address						2221 H -4-21
Suite, Apl. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		1st MC	ORE CR	(2E034 (1	10/05)	
City & State		City & State			4. FEI Number	59-2988648			pplied For of Applicat
Zip	Country	Zip	Country	1	5. Certificate of S	tatus Desired		3.75 Ad Require	ditional
	6. Name and Address of Curre	ent Registered Agent			7. Name and Add	fress of New Regi			
LAGOS, RICHARD E			_	Name			. <u> </u>		
342	6 ANDREW AVE ISACOLA FL 32505		}		P.O. Box Number is	Not Acceptable)			
FE	ISACOLA FL 32505			}					
			City		FL Zip Code				
	e named entity submits this statement tions of registered agent.	t for the purpose of changing it	ts registered o	office or register	ed agent, or both, in	the State of Florida	a. I am fam	iliar with,	, and acce _l
SIGNATURE	Signature typed or pruted name of registered ag-	eni and lillo é applicable (NO	ITE: Regislered Ag	en signaluta faquitad	when reinstatung)		DATE		
After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550, k Payable to Florida Department	00				Election Campaign Trust Fund Contribe			.00 May 6 ed to Fees
10.	OFFICERS AN	ID DIRECTORS	11.	,	ADDITIONS/CHA	NGES TO OFFICE	RS AND DI	AECTOR	S 1N 12
TITLE NAME STREET ADURESS	AGOS, RICHARD E 426 ANDREW AVE		TITLE MAME STREET A	ODRESS		1100000000		[Change	☐ Additi
City-ST-ZIP	PENSACOLA FL 32505	·	CITY-ST-	ZIP	04	.000000513 . 29.706-801	22-017	150.	00
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STREET ADDRESS CITY-ST-ZIP			street a City - St-	1 /	1				
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STREET ADDRESS			SIREET A	DDRESS	;				
CITY-ST-71P			CITY ST-	ZIP					
TITLE NAME		☐ Delete	HAME HAME				ليا	Change	☐ Additio
STREET AUDRESS CITY-S1-ZIP			STREET AF	1					
TITLE		☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS			name Street as	ODRESS					
C(7Y-S7-Z)P			City-Si-) i					- <u>-</u>
717LE NAME		C3 Delete	3371Ç 3MANE	}				Change	☐ Addilio
STREET ADDRESS			STREET AT	DDRESS					

12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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 of 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 attactor and with an address with all other like empowered.

CITY-ST-IP

SIGNATURE

RICHARD E. LAGOS

4/13/06 (850) 432-4384