


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L55503 1. Entity Name A/C MEN, INC.	
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Principal Place of Business % KATHRYN H. BERTORELLO 4305 MAURICE DR. DELRAY BEACH, FL 33445	Mailing Address % KATHRYN H. BERTORELLO 4305 MAURICE DR. DELRAY BEACH, FL 33445
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03162006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0177180	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BERTORELLO, KATHRYN H. 4305 MAURICE DR. DELRAY BEACH, FL 33445

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IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERTORELLO, KATHRYN H. 4305 MAURICE DR DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BERTORELLO, PAUL 4305 MAURICE DR DELRAY BEACH, FL
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04/29/06-00042-022 150.00

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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: Kathryn Bertorello Pres. KATHRYN BERTORELLO Pres. 4-13-06 561 498-5281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #