

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L77546

FILED  
Jan 07, 2010  
Secretary of State

**Entity Name:** ACOUSTICAL CEILINGS LEVEL INC.

**Current Principal Place of Business:**

OZELLA C. JENKINS  
380 S. STATE RD 434, STE. 1004-105  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

OZELLA C. JENKINS  
380 S. STATE RD 434, STE. 1004-105  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

**FEI Number:** 59-3019037

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JENKINS, OZELLA C.  
380 S. STATE RD 434  
SUITE 1004-105  
ALTAMONTE SPRINGS, FL 32714 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** OZELLA JENKINS  
**Address:** 380 S STATE RD 434 SUITE1004-105  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32714

I hereby 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 all other like empowered.

**SIGNATURE:** OZELLA JENKINS

PRES

01/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date