

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 JAN 28 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01092008 Chg-P CR2E034 (12/06)

DOCUMENT # M25629 1. Entity Name ACD SYSTEMS OF AMERICA, INC.					
Principal Place of Business 1150 NW 72 AVE 2ND FLOOR MIAMI, FL 33126			Mailing Address 1150 NW 72 AVE 2ND FLOOR MIAMI, FL 33126		
2. Principal Place of Business - No P.O. Box # 5201 Blue Lagoon Dr Suite, Apt. #, etc. Penthouse City & State Miami, Florida Zip 33126		3. Mailing Address 5201 Blue Lagoon Dr Suite, Apt. #, etc. Penthouse City & State Miami, Florida Zip 33126		4. FEI Number 59-2708011 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE <i>Shirley G. Knight</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> Shirley G. Knight as its agent </div> <div style="width: 20%; text-align: right;"> 1-28-08 <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANDEKERKHOVE, DOUGLAS 1150 NW 72 AVE., 2ND FLOOR MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700117922347 02/13/08--01005--020 ***150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEQUEIRA, WILLIAM 1150 NW 72 AVE., 2ND FLOOR MIAMI, FL 33126	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, GEORGE 1150 NW 72 AVE., 2ND FLOOR MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Scott R. Balch</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			January 17, 2008 250-419-6700 <small>Daytime Phone #</small>		