

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # M33401 1. Entity Name A/C TECHNOLOGIES, INC.	
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Principal Place of Business 11834 WILES ROAD CORAL SPRINGS, FL 33076 US	Mailing Address 11834 WILES ROAD CORAL SPRINGS, FL 33076 US
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01312006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2688460	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent LEVY, MELANIE 11834 WILES ROAD CORAL SPRINGS, FL 33076

**DO NOT WRITE
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

U00000517110
05/01/06-80030-022 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LEVY, RUSSEL S. 5965 NW 99 WAY PARKLAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LEVY, MELANIE 5965 NW 99 WAY PARKLAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LEVY, FLORENCE 1194 HILLSBORO MILE HILLSBORO BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Melanie Levy Secy/Melanie Levy Secy 4/11/06 (954) 344-0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #