

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90142 017 \*\*\*150.00

<b>DOCUMENT # P00000059639</b> 1. Entity Name <b>AMERICAN COLORCARD EXPRESS, INC.</b>			
Principal Place of Business <b>11471 WEST SAMPLE ROAD STE 26 CORAL SPRINGS, FL 33065</b>		Mailing Address <b>5665 NW 121 AVE CORAL SPRINGS, FL 33076</b>	
2. Principal Place of Business <b>10854 Wiles Road</b> Suite, Apt. #, etc.		3. Mailing Address <b>5166 NW 109 TERR</b> Suite, Apt. #, etc.	
City & State <b>Coral Springs</b>		City & State <b>Coral Springs</b>	
Zip <b>33076</b>		Zip <b>33076</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>65-1025849</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>KOPLOFF, REGAN</b> <b>5665 NW 121 AVE</b> <b>POMPANO BEACH, FL 33076</b>		<b>7. Name and Address of New Registered Agent</b> Name <b>Regan Koploff</b> Street Address (P.O. Box Number is Not Acceptable) <b>5166 NW 109 Terrace</b> City <b>Coral Springs</b> <b>FL</b> Zip Code <b>33076</b>	
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 <span style="float: right;">X 3/11/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>D</b>	NAME <b>KOPLOFF, REGAN MCCOY</b>	TITLE <b>5166 NW 109 Terr</b>	NAME <b>Coral Springs Fl. 33076</b>
STREET ADDRESS <b>5665 NW 121 AVENUE</b>	CITY-ST-ZIP <b>CORAL SPRINGS, FL 33076</b>	STREET ADDRESS <b>5166 NW 109 Terr</b>	CITY-ST-ZIP <b>Coral Springs Fl. 33076</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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		Date <b>3/31/05</b> Daytime Phone # <b>X 954-340-0051</b>	