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Jun 08, 2006 8:00 am
Secretary of State

05-01-2006 90486 041 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000025802

1. Entity Name
AMERICAN COMPUTER SOLUITONS, INC.

Principal Place of Business
1000 NORTH COLLIER BLVD
HERITAGE SQUARE #16
MARCO ISLAND, FL 34145

Mailing Address
1000 NORTH COLLIER BLVD
HERITAGE SQUARE #16
MARCO ISLAND, FL 34145

66018056

04262006 Chg-P CR2E034 (11/05)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
59-3704032
Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WRIGHT, CHRISTINE F
1655 LUDLOW ROAD
MARCO ISLAND, FL 33904

7. Name and Address of New Registered Agent
Name CRAIG J. Couture
Street Address (P.O. Box Number is Not Acceptable)
1112 ½ N. Collier BLVD.
City Marco Island FL FL Zip Code 34145

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 [signature] 6/5/06
Signature, typed or printed name of registered agent and title if applicable (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. ☐ $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 KLEINE, CHRISTOPHER 1655 LUDLOW ROAD MARCO ISLAND, FL 34145	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	138 Clyburn Way West Marco Island, FL 34145	☒ Change ☐ Addition
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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: [signature] 04/26/06 239-269-0356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #