

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000118718

1. Entity Name

AMERICAN CONSTRUCTION TOOL SUPPLY, INC.

Principal Place of Business

111 N. RIDGEWOOD AVE
EDGEWATER FL 32132

Mailing Address

111 N. RIDGEWOOD AVE
EDGEWATER FL 32132

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

03-0388935

Applied For
Not Applicable

5. Certificate of Status Desired

1st MOORE

CR2E034 (10/05)

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PETRUCCI, EMERICK J
1818 TURNBULL LAKES DRIVE
NEW SMYRNA BEACH FL 32168

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD

PETRUCCI, EMERICK J

1818 TURNBULL LAKES DRIVE

NEW SMYRNA BEACH FL 32168

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

1000000545969

05/11/06-80096-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-06

386

428-6900