

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000013799

FILED
Feb 17, 2006
Secretary of State

Entity Name: ACME \$ OF ORMOND BEACH, INC.

Current Principal Place of Business:

89 S ATLANTIC AVE #1601
ORMOND BEACH, FL 32176

New Principal Place of Business:

Current Mailing Address:

89 S ATLANTIC AVE #1601
ORMOND BEACH, FL 32176

New Mailing Address:

FEI Number: 01-0588688 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, JAY W
1801 NORTH FLAGLER DR SUITE #701
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

SMITH, JAY W
89 SOUTH ATLANTIC AVE
#1601
ORMOND BEACH, FL 32176 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

02/17/2006

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SMITH, PERRY E
Address: 89 S ATLANTIC AVE #1601
City-St-Zip: ORMOND BEACH, FL 32176

Title: D () Delete
Name: SMITH, JAY W
Address: 1801 NORHT FLAGLER DR #701
City-St-Zip: WEST PALM BEACH, FL 33407

Title: T/S () Delete
Name: SMITH, JANICE P
Address: 1555 CALIFORNIA ST #407
City-St-Zip: DENVER, CO 80202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SMITH, JAY W
Address: 89 SOUTH ATLANITC AVE, #1601
City-St-Zip: ORMOND BEACH, FL 32176

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PERRY E SMITH

Electronic Signature of Signing Officer or Director

D

02/17/2006

Date