


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2006 8:00 am
Secretary of State


06-28-2006 90002 045 ***150.00

DOCUMENT # P02000096805	
1. Entity Name ACE MARKETING SOLUTIONS, INC.	

Principal Place of Business PO BOX 970840 COCONUT CREEK, FL 33097 US	Mailing Address P.O. BOX 970840 COCONUT CREEK, FL 33097 US
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2. Principal Place of Business PO BOX 244083	3. Mailing Address PO BOX 244083
Suite, Apt. #, etc.	Suite, Apt. #, etc.

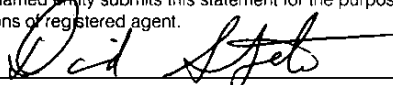
City & State BOYNTON BEACH, FL	City & State BOYNTON BEACH, FL
Zip 33424	Country USA
Zip 33424	Country USA

	
06262006	Chg-P CR2E034 (11/05)
4. FEI Number 03-0481247	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
SANTANGELO, DAVID PO BOX 970840 COCONUT CREEK, FL 33097	

7. Name and Address of New Registered Agent	
Name SANTANGELO, DAVID	
Street Address (P.O. Box Number is Not Acceptable) 4102 ARTESA DR.	
City BOYNTON BEACH	FL Zip Code 33436

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.

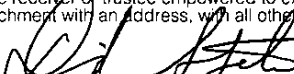
SIGNATURE:  DATE: **6/20/06**

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 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTANGELO, DAVID PO BOX 970840 COCONUT CREEK, FL 33097 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTANGELO, DAVID 4102 ARTESA DR. BOYNTON BEACH, FL 33436 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: **6/20/06** 561-736-2695

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR