2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000097578

1. Entity Name
A + CERTIFIED TECHNICIAN, INC.

Principal Place of Business	Mailing Address
13884 154TH PLACE NORTH	13884 154TH PLACE NORTH
JUPITER, FL 33478	JUPITER, FL 33478
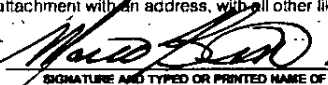
05102007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
35-2182752		Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET, 4TH FLOOR
MIAMI, FL 33145

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
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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.

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	BISOGNO, MARCO J
STREET ADDRESS	13884 154TH PLACE NORTH
CITY-ST-ZIP	JUPITER, FL 33478

U00000766052
06/08/07-80001-005 150.00

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: _Marco Bisogno_ MARCO BISOGNO   6-4-07   561-719-2307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #