


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000134129
1. Entity Name
ACW SYSTEM, INC.



Principal Place of Business: 555 SR 436 SUITE 1001, FERN PARK, FL 32730
Mailing Address: 555 SR 436 SUITE 1001, FERN PARK, FL 32730

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04182007 No Chg-P CR2E034 (11/05)
4. FEI Number: 20-1226797 Applied For: Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MAHER, CINDY
480 EAGLE CIRCLE
CASSELBERRY, FL 32707

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MAHER, JIM
STREET ADDRESS	555 SR 436 SUITE 1001
CITY-ST-ZIP	FERN PARK, FL 32730
TITLE	DS
NAME	MAHER, JOEL
STREET ADDRESS	555 SR 436 SUITE 1001
CITY-ST-ZIP	FERN PARK, FL 32730
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/09/07-80053-020 150.00

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: Cindy Maher 4-24-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #