2005 FOR PROFIT CORPORATION
ANNUAL REPORT

9/12/2005-90004-006-$150.00-$150.00

DOCUMENT # P03000015992

1. Entity Name
A.C.E. 103 INVESTMENTS, INC.

FILED
05 OCT -1 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
10132 WILSON AVENUE SEMINOLE, FL 33776 US	10132 WILSON AVENUE SEMINOLE, FL 33776 US

2. Principal Place of Business	3. Mailing Address
8601 4TH ST. NORTH	8601 4TH ST. NORTH
Suite, Apt. #, etc: SUITE 302	Suite, Apt. #, etc: SUITE 302
City & State: ST. PETERSBURG FL	City & State: ST. PETERSBURG FL
Zip: 33702 Country:	Zip: 33702 Country:

2005 Chg-P CR2E034 (10/03)

4. FEI Number ~~APPLIED FOR~~ 83-0348176 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

SCHULER, TIMOTHY C
9075 SEMINOLE BLVD
SEMINOLE, FL 33772

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 ______ Date 9-8-05 / 9-7-05

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	EWONAITIS, ANTHONY C		NAME	
STREET ADDRESS	12199 83RD AVE. NORTH		STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE, FL 33772		CITY-ST-ZIP	
TITLE	DVST	☒ Delete	TITLE	☐ Change ☐ Addition
NAME	EWONAITIS, JENNIFER		NAME	
STREET ADDRESS	10132 WILSON AVENUE		STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE, FL 33776		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Date Daytime Phone #