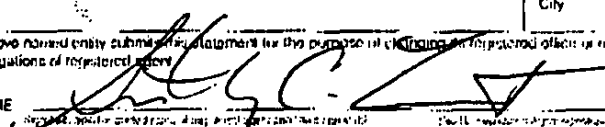


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P03000015992 1. Entity Name A.C.E. 103 INVESTMENTS, INC.			
Principal Place of Business 10132 WILSON AVENUE SEMINOLE, FL 33776 US		Mailing Address 10132 WILSON AVENUE SEMINOLE, FL 33776 US	
2. Principal Place of Business 8601 4TH ST. NORTH SUITE 302 PETERSBURG, FL 33702		3. Mailing Address 8601 4TH ST. NORTH SUITE 302 PETERSBURG, FL 33702	
4. FCI Number APPLIED FOR 83-0348176		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: 9-7-05	
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added in 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: _____ NAME: EWONAITIS, ANTHONY C STREET ADDRESS: 12199 83RD AVE. NORTH CITY, ST, ZIP: SEMINOLE, FL 33772	☐ Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____	☐ Change ☐ Addition
TITLE: _____ NAME: EWONAITIS, JENNIFER STREET ADDRESS: 10132 WILSON AVENUE CITY, ST, ZIP: SEMINOLE, FL 33776	☒ Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____	☐ Change ☐ Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____	☐ Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____	☐ Change ☐ Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____	☐ Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____	☐ Change ☐ Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____	☐ Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____	☐ Change ☐ Addition
12. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(7)(c), Florida Statutes. I further certify that the information indicated on this report or filing document is true and accurate and that my signature shall have the same legal effect as if made under oath, the I am an officer or director of the corporation or the person or persons 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 to this report, with all other filing documents.			
SIGNATURE: 			