


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90269 022 \*\*\*150.00

<b>DOCUMENT # P03000088351</b> 1. Entity Name <b>ASSET CAPITAL AND DEVELOPMENT CORP.</b>					
Principal Place of Business <b>752 WATER WAY DRIVE NORTH PALM BEACH, FL 33408</b>			Mailing Address <b>752 WATER WAY DRIVE NORTH PALM BEACH, FL 33408</b>		
2. Principal Place of Business <b>500 COMMERCIAL WAY WEST</b> Suite, Apt. #, etc. <b>SUITE #2</b> City & State <b>JUPITER FLORIDA</b> Zip <b>33458</b>		3. Mailing Address <b>500 COMMERCIAL WAY WEST</b> Suite, Apt. #, etc. <b>SUITE #2</b> City & State <b>JUPITER FLORIDA</b> Zip <b>33458</b>			
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>11-3699885</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>ROY DAVE K 440 COLUMBIA DRIVE #300 WEST PALM BEACH, FL 33409</b>			7. Name and Address of New Registered Agent Name <b>ALEX ATHINEOS</b> Street Address (P.O. Box Number is Not Acceptable) <b>500 COMMERCIAL WAY WEST</b> <b>UNIT #2</b> City <b>JUPITER</b>		
State <b>FL</b>			Zip Code <b>33458</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable.</small>				DATE <b>4/25/05</b>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ATHINEOS, ALEX 752 WATER WAY DRIVE NORTH PALM BEACH, FL 33408</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
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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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>4/19/05</b>	
Daytime Phone #					