


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000146064 1. Entity Name A.C.R.H. SERVICES, INC.	
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Principal Place of Business 217 ALTAMONTE COMMERCE BLVD. SUITE 1230 ALTAMONTE SPRINGS, FL 32714	Mailing Address 217 ALTAMONTE COMMERCE BLVD. SUITE 1230 ALTAMONTE SPRINGS, FL 32714
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DO NOT WRITE IN THIS SPACE



04172006 No Chg-P CR2E034 (11/05)

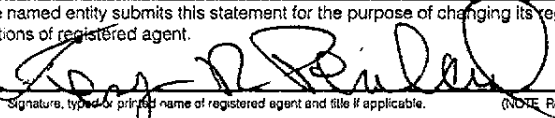
4. FEI Number 20-0467049	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PENLAND, TERRY R
217 ALTAMONTE COMMERCE BLVD.
SUITE 1230
ALTAMONTE SPRINGS, FL 32714

**DO NOT WRITE
IN THIS SPACE**

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: 4/17/2006

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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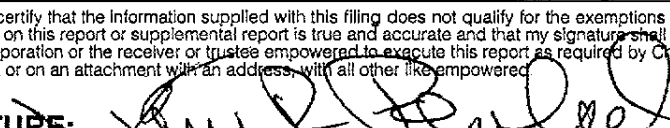
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST PENLAND, TERRY R 217 ALTAMONTE COMMERCE BLVD. ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENLAND, TERRY R 217 ALTAMONTE COMMERCE BLVD. ALTAMONTE SPRINGS, FL 32714
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05/08/06-80056-012 150.00

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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:  DATE: 4/17/2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR