## **2006 FOR PROFIT CORPORATION**

**FILED** 

ANNUAL REPORT				Jan 30, 2006 08:00 A			
DOCUMENT # P04000054095  1. Entity Name ACULYTE INC					Sec	cretary	of State
1	ce of Business	Mailing Address					
901 W BUSO Tampa, FL		901 W BUSCH BLVD Tampa, Fl. 33612					
		edi kalan Kalina.		01052006	No Chg-P	CR2E034 (1	1/05)
	O NOT WRITE	IN THIS SPA	(CE	4. FEI Numb	er	,	Applied For
				16-169		<b></b>	Not Applicabl
	** (c.) (			5. Certificate	of Status Desired		75 Additional Required
	6. Name and Address of Current R	egistered Agent					ų straninai į
AHMED, SARWAR MOSTAFA 901 W BUSCH BLVD				DO	NOT W	RITE	talligg.
TAMPA, FL 33612					THIS SF	10129.30 1141 (3.1.)	
8. The above	e named entity submits this statement for	the purpose of changing its regist	ered office or register	ed agent, or bo	th, in the State of Flo	rida. I am familia	or with, and accen
the obliga	tions of registered agent.		•	-			
SIGNATURE.	Signature, typed or printed name of registered agent an	d little if applicable. (NOTE: Regist	ered Agent signature required	when reinstating)		DATE	
	.E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	Selection Campaign Fin     Trust Fund Contribution		.00 May Be ed to Fees		· · · ·	
10.	OFFICERS AND D	IRECTORS					
TITLE	PT AHMED, SARWAR MOSTAFA						
STREET ADDRESS	7009 INTERBAY BLVD APT # 316				000000	40748 <del>9</del> 80021-029	
CITY-ST-ZIP	TAMPA, FL 33616		— Linsir İrişis İstiya	11 G. E. 13 B.P. disclos cryosomerans disclos cryosomerans	02/08/06-	80021-025	) [50,UU
NAME							
STREET ADDRESS CITY-ST-ZIP			1 1 4				
TITLE						adagarwannigiji 	
NAME STREET ADDRESS							
CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME				IN .	THIS SF	ACE	
STREET ADDRESS							
CITY-ST-ZIP							
TITLE NAME							
STREET ADDRESS CITY-ST-ZIP							
TITLE							

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:

NAME STREET ADDRESS CITY-ST-ZIP

D NAME OF SIGNING OFFICER OR DIRECTOR