
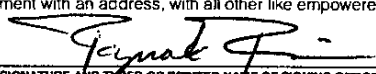


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 25, 2005 8:00 am**  
**Secretary of State**

05-25-2005 90003 031 \*\*\*150.00

<b>DOCUMENT # P04000054848</b> 1. Entity Name <b>ACRIUM INC.</b>			
Principal Place of Business <b>211 CIRCLE S. SUITE 7 SEBRING, FL 33870</b>		Mailing Address <b>211 CIRCLE S. SUITE 7 SEBRING, FL 33870</b>	
2. Principal Place of Business <b>6520 U.S. Hwy 27 N.</b> Suite, Apt. #, etc.		3. Mailing Address <b>6520 U.S. Hwy 27 N.</b> Suite, Apt. #, etc.	
City & State <b>SEBRING, FLORIDA</b> Zip <b>33870</b> Country <b>Highlands</b>		City & State <b>SEBRING, FLORIDA</b> Zip <b>33870</b> Country <b>Highlands</b>	
4. FEI Number <b>20-1047906</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LEGAL ZOOM NEVADA, INC. 44 W. FLAGLER ST SUITE 675 MIAMI, FL 33130</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<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</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>UMBEL, JIM R</b> <b>211 CIRCLE S</b> <b>SUITE 7, FL 33870</b> <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	<b>S</b> <b>RIVERA, REYNALDO</b> <b>211 CIRCLE S</b> <b>SUITE 7, FL 33870</b> <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	<b>T</b> <b>ACEVEDO, JAMES</b> <b>211 CIRCLE S</b> <b>SUITE 7, FL 33870</b> <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
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
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.			
<b>SIGNATURE:</b> 		<b>REYNALDO RIVERA</b> <b>4/30/05</b> <b>863-471-2211</b> <small>Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #</small>	