


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 18, 2007 8:00 am**  
**Secretary of State**

05-18-2007 90022 015 \*\*\*150.00

<b>DOCUMENT #</b> P04000121556	
<b>1. Entity Name</b> AL COUSTICS INC.	

<b>Principal Place of Business</b> 3920 8 AVE SE NAPLES FL 34117	<b>Mailing Address</b> 3920 8 AVE SE NAPLES FL 34117
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<b>2. Principal Place of Business - No P.O. Box #</b> 4760 GOLDEN GATE BLVD E.		<b>3. Mailing Address</b> SHMR	
<b>Suite, Apt. #, etc.</b>		<b>Suite, Apt. #, etc.</b>	
<b>City &amp; State</b> NAPLES		<b>City &amp; State</b>	
<b>Zip</b> 34117	<b>Country</b> USA	<b>Zip</b>	<b>Country</b>



1st MOORE CR2E034 (10/06)

<b>6. Name and Address of Current Registered Agent</b>  HUFFMAN, JAMES A 3920 8 AVE SE NAPLES FL 34117  Address Change Below	
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<b>4. FEI Number</b> 87-0733399	<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>7. Name and Address of New Registered Agent</b>	
<b>Name</b>	
<b>Street Address (P.O. Box Number is Not Acceptable)</b>	
<b>City</b>	<b>FL</b> <b>Zip Code</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.**

<b>SIGNATURE</b>	<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>	<b>DATE</b>
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
<b>TITLE</b> D	<input type="checkbox"/> <b>Delete</b>	<b>TITLE</b> HUFFMAN JAMES A.	<input type="checkbox"/> <b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b>
<b>NAME</b> HUFFMAN, JAMES A		<b>NAME</b> HUFFMAN JAMES A.	
<b>STREET ADDRESS</b> 3920 8 AVE SE		<b>STREET ADDRESS</b> 4760 GOLDEN GATE BLVD E.	
<b>CITY - ST - ZIP</b> NAPLES FL 34117		<b>CITY - ST - ZIP</b> NAPLES 34117 FL.	
<b>TITLE</b>	<input type="checkbox"/> <b>Delete</b>	<b>TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> <b>Delete</b>	<b>TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> <b>Delete</b>	<b>TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> <b>Delete</b>	<b>TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.**

<b>SIGNATURE:</b>	<b>4-28-07</b>	<b>239/465-1196</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone *</small>