

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000135368

FILED
Apr 29, 2006
Secretary of State

Entity Name: AMERICA CONNECTED, INC.

Current Principal Place of Business:

1835 NE MIAMI GARDENS DR., SUITE 182
NORTH MIAMI BEACH, FL 33179

New Principal Place of Business:

259 N. UNIVERSITY DRIVE
PEMBROKE PINES, FL 33024 US

Current Mailing Address:

1835 NE MIAMI GARDENS DR., SUITE 182
NORTH MIAMI BEACH, FL 33179

New Mailing Address:

259 N. UNIVERSITY DRIVE
PEMBROKE PINES, FL 33024 US

FEI Number: 42-1646010

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIKE'S TAX & ACCOUNTING, INC.
269 N. UNIVERSITY DRIVE
SUITE 1
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SIGALOV, AVI
Address: 259 N. UNIVERSITY DRIVE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VT (X) Delete
Name: GAZNELI, GABRIEL
Address: 259 N. UNIVERSITY DRIVE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: SD (X) Delete
Name: MOR, AMIRAN
Address: 259 N. UNIVERSITY DRIVE
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: GAZNELI, GABRIEL
Address: 259 N. UNIVERSITY DRIVE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GABRIEL GAZNELI

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04/29/2006

Electronic Signature of Signing Officer or Director

_____ Date