


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2007 8:00 am**  
**Secretary of State**

01-11-2007 90050 009 \*\*\*150.00

<b>DOCUMENT # P04000139452</b>	
1. Entity Name <b>ACOUSTIC CEILINGS LIMITLESS, INC.</b>	

Principal Place of Business <b>709 WEST OAK RIDGE ROAD C/O FOOTE ORLANDO, FL 32809 US</b>	Mailing Address <b>PO BOX 590211-0211 ORLANDO, FL 32859-0211 US</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>380 S State Rd 434-1004</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Altamonte Springs, FL</b>	
Zip	Country	Zip	Country
		<b>32714</b>	<b>U.S.A.</b>



01092007 Chg-P CR2E034 (12/06)

4. FEI Number <b>55-0884018</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>FOOTE, ROGER A 709 WEST OAK RIDGE ROAD ORLANDO, FL 32809</b>		
7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City		
FL 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 *Ozella C. Jenkins* 1-8-07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. T JENKINS, OZELLA C 709 WEST OAK RIDGE ROAD ORLANDO, FL 32809 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Ozella C. Jenkins* 1-8-07 407-246-8005  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #