


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90218 020 ***158.75

DOCUMENT # P05000015658 1. Entity Name A.C.D. HOLDINGS INC.																													
Principal Place of Business EXPEDITONE/EXPRESS CARE 470 E NINE MILE RD PENSACOLA, FL 32514			Mailing Address 4277 AUDISS RD. MILTON, FL 32583																										
2. Principal Place of Business - No P.O. Box # <i>Expedition</i>		3. Mailing Address																											
Suite, Apt. #, etc. 470 E. Nine Mile Rd		Suite, Apt. #, etc.																											
City & State Pensacola, FL		City & State																											
Zip 32514		Country Escambia		Zip																									
Country		4. FEI Number 20-2276798																											
5. Certificate of Status Desired <input checked="" type="checkbox"/>		Applied For Not Applicable																											
6. Name and Address of Current Registered Agent LUCCHESI, PHILLIP J 4277 AUDISS RD. MILTON, FL 32583		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																											
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <i>Phillip J. Lucchesi</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <i>(President)</i> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> 1-8-07 <small>DATE</small> </div> </div>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">P</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LUCCHESI, PHILLIP J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4277 AUDISS RD.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MILTON, FL 32583</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	P	<input type="checkbox"/> Delete	NAME	LUCCHESI, PHILLIP J		STREET ADDRESS	4277 AUDISS RD.		CITY - ST - ZIP	MILTON, FL 32583		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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: <i>Phillip J. Lucchesi</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <div style="float: right; text-align: right;"> 1/8/07 <small>Date</small> 850-477-5044 <small>Daytime Phone #</small> </div>																													