

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000120959

FILED
Apr 14, 2008
Secretary of State

Entity Name: ACARTE' TECHNOLOGY SERVICES, INC.

Current Principal Place of Business:

2271 MCGREGOR BLVD
FORT MYERS, FL 33901 US

New Principal Place of Business:

Current Mailing Address:

2271 MCGREGOR BLVD
FORT MYERS, FL 33901 US

New Mailing Address:

FEI Number: 20-5677232 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLMLUND, THOMAS R
2271 MCGREGOR BLVD
FORT MYERS, FL 33901 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: P () Delete
Name: KOESTER, JUSTUS
Address: PO DRAWER 2800
City-St-Zip: FORT MYERS, FL 33902 US

Title: VP () Delete
Name: HOLMLUND, THOMAS R
Address: PO DRAWER 2800
City-St-Zip: FORT MYERS, FL 33902 US

Title: T () Delete
Name: HOLMLUND, THOMAS R
Address: PO DRAWER 2800
City-St-Zip: FORT MYERS, FL 33902 US

Title: S () Delete
Name: HOLMLUND, THOMAS R
Address: PO DRAWER 2800
City-St-Zip: FORT MYERS, FL 33902 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KOESTER, JUSTUS
Address: 2271 MCGREGOR BLVD
City-St-Zip: FORT MYERS, FL 33901 US

Title: VP (X) Change () Addition
Name: HOLMLUND, THOMAS R
Address: 2271 MCGREGOR BLVD
City-St-Zip: FORT MYERS, FL 33901 US

Title: T (X) Change () Addition
Name: HOLMLUND, THOMAS R
Address: 2271 MCGREGOR BLVD
City-St-Zip: FORT MYERS, FL 33901 US

Title: S (X) Change () Addition
Name: HOLMLUND, THOMAS R
Address: 2271 MCGREGOR BLVD
City-St-Zip: FORT MYERS, FL 33901 US

I hereby certify that the information supplied with this filing does not qualify 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: JUSTUS KOESTER

P

04/14/2008

Electronic Signature of Signing Officer or Director

_____ Date