


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 16, 2008 8:00 am**  
**Secretary of State**

05-16-2008 90016 025 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                           |                                                                                                 |                                                                                                                                 |                                                                                                                                    |                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| <b>DOCUMENT # P07000095005</b><br>1. Entity Name<br><b>A C TOLL INVESTMENTS, CORP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                           |                                                                                                 |                                                                                                                                 |                                                   |                                              |
| Principal Place of Business<br><b>26115 S DIXIE HWY<br/>                 HOMESTEAD, FL 33032</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                           |                                                                                                 | Mailing Address<br><b>26115 S DIXIE HWY<br/>                 HOMESTEAD, FL 33032</b>                                            |                                                                                                                                    |                                              |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           | 3. Mailing Address                                                                              |                                                                                                                                 |                                                                                                                                    |                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                           | Suite, Apt. #, etc.                                                                             |                                                                                                                                 |                                                                                                                                    |                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                           | City & State                                                                                    |                                                                                                                                 |                                                                                                                                    |                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                           | Country                                                                                         |                                                                                                                                 | Zip                                                                                                                                |                                              |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                           | Country                                                                                         |                                                                                                                                 | 4. FEI Number<br><b>26-0741738</b>                                                                                                 |                                              |
| Applied For<br><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<br><br><b>TOLL, ALBERT<br/>                 26115 S DIXIE HWY<br/>                 MIAMI, FL 33032</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                           |                                                                                                 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City               |                                                                                                                                    |                                              |
| Signature: <i>[Signature]</i><br><small>Signature, typed or printed name of registered agent and title if applicable</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                           |                                                                                                 | Signature: <i>Alberto toll &amp; Carmen toll</i><br><small>(NOTE: Registered Agent signature required when reinstating)</small> |                                                                                                                                    | Date: <b>05/12/08</b><br><small>DATE</small> |
| <b>FILE NOW!!! FEE IS \$150.00<br/>                 Due by September 12, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                           | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>                |                                                                                                                                 | <b>\$5.00</b> May Be Added to Fees<br>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                           |                                                                                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                           |                                                                                                                                    |                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | P<br><b>TOLL, ALBERT<br/>                 26115 S DIXIE HWY<br/>                 HOMESTEAD, FL 33032</b>  | <input type="checkbox"/> Delete                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                  |                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VP<br><b>TOLL, CARMEN<br/>                 26115 S DIXIE HWY<br/>                 HOMESTEAD, FL 33032</b> | <input type="checkbox"/> Delete                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                  |                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |                                                                                                                                 |                                                                                                                                    |                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |                                                                                                                                 |                                                                                                                                    |                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |                                                                                                                                 |                                                                                                                                    |                                              |
| 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>[Signature]</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                           | Date: <b>05/12/08</b>                                                                           |                                                                                                                                 | Daytime Phone #                                                                                                                    |                                              |

