

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000127339

FILED
Mar 22, 2011
Secretary of State

Entity Name: A C DOUBLE P CORPORATE SERVICES, INC.

Current Principal Place of Business:

ONE EAST BROWARD BLVD
SUITE 1410
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

200 S. ANDREWS AVENUE
SUITE 900
FORT LAUDERDALE, FL 33301

Current Mailing Address:

ONE EAST BROWARD BLVD
SUITE 1410
FORT LAUDERDALE, FL 33301

New Mailing Address:

200 S. ANDREWS AVENUE
SUITE 900
FORT LAUDERDALE, FL 33301

FEI Number: 26-2368184

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILLIPPI, WILLIAM C
ONE EAST BROWARD BLVD
SUITE 1410
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

PHILLIPPI, WILLIAM C
200 S. ANDREWS AVENUE
SUITE 900
FORT LAUDERDALE, FL 33301 US

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:

03/22/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: PHILLIPPI, WILLIAM C
Address: 200 S. ANDREWS AVENUE, SUITE 900
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: DVP
Name: ADAMS, MARSHALL A
Address: 200 S. ANDREWS AVENUE, SUITE 900
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: DVP
Name: CASSIDY, BERNARD M
Address: 200 S. ANDREWS AVENUE, SUITE 900
City-St-Zip: FORT LAUDERDALE, FL 33301

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM C. PHILLIPPI

P

03/22/2011

Electronic Signature of Signing Officer or Director

Date