

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 13, 2006  
Secretary of State**

DOCUMENT# P11895

Entity Name: ACRT, INC.

**Current Principal Place of Business:**

1333 HOME AVENUE  
AKRON, OH 44310 US

**New Principal Place of Business:**

**Current Mailing Address:**

1333 HOME AVENUE  
AKRON, OH 443102512

**New Mailing Address:**

FEI Number: 34-1462242      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 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: VP      (X) Delete  
Name: SARGENT, EDWARD R  
Address: 1407 GARFIELD AVENUE  
City-St-Zip: SALEM, OH 44460

Title: P/D      ( ) Delete  
Name: WEIDNER, MIKE B  
Address: 1397 SAXE ROAD  
City-St-Zip: MOGADORE, OH 44260

Title: VP/T      ( ) Delete  
Name: BARTLETT, DIANE L CPA  
Address: 1451 SHANABROOK DR  
City-St-Zip: AKRON, OH 44313

Title: VP      ( ) Delete  
Name: JONES, TODD E  
Address: 1476 HANGING TREE ROAD  
City-St-Zip: LODI, CA 95240

Title: SVP      ( ) Delete  
Name: UPDEGRAFF, ALANE K  
Address: 861 E. AVE  
City-St-Zip: TALLMADGE, OH 44278

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DIANE L BARTLETT

VP/T

04/13/2006

Electronic Signature of Signing Officer or Director

Date