## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 23, 2008 08:00 AN Secretary of State

ANNUAL REPORT				Apr 23, 2000 00.0			
1. Entity Nam	MENT # P14852 ACH, INC.				Seci	retary of S	Sta
Principal Place of Business 115 FRANCIN ST BANGOR, ME 04402-0702 US		Mailing Address 1000 MARKET ST BLDG 1 PORTSMOUTH, NH 03801	US		18181 81118 1184 81811 81811		1
	OO NOT WRITE	IN THIS SPA	CF	01112008 No C	12(0) 2/112 /127 2(0)  51211	E034 (11/05)	'
				4. FEI Number 01-0428078		Applied Fo	
			**	5. Certificate of Status	Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current Re	gistered Agent	T			1	•
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Section of the sectio	T WRIT	tall a second	
the obligat	e named entity submits this statement for the tions of registered agent.  Signature, typed or printed name of registered agent and  E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Fina	ed Agent signature required	(when reinstating)	, 10000091489		
10.	OFFICERS AND DIE	RECTORS	. ,			,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALSH, MICHAEL P. 1001 E ATLANTIC AVE DELRAY BEACH, FL 33483						·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEEDHAM, THOMAS E 1001 E ATLANTIC AVE DELRAY BEACH, FL 33483						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WALSH, MARK T. 1001 E ATLANTIC AVE DELRAY BEACH, FL 33483			DO NO	T WRIT	E	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALSH, WILLIAM J. 1000 MARKET ST STE 300 PORTSMOUTH, NH 03801		and the second		SSPAC	* * *	
TITLE NAME STREET ADDRESS	D WALSH, THOMAS T. 1000 MARKET ST STE 300						

12. Thereby 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 tustee employered to effect the required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachyren with an address, with all other like empowered.

**SIGNATURE:** 

CITY-ST-ZIP TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

PORTSMOUTH, NH 03801

1000 MARKET ST BLDG 1

PORTSMOUTH, NH 03801

LANIGAN, SUZANNE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1130/08

Daytime Phone 1 2 0