2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007
Secretary of State

DOCUMENT# P33316

Entity Name: ACS TECHNOLOGIES GROUP, INC.

Current Principal Place of Business:

180 NORTH DUNBARTON DRIVE
FLORENCE, SC 29502

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 202010
FLORENCE, SC 295022010

New Mailing Address:

FEI Number: 57-0660520 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: CD ( ) Delete
Name: CAMPBELL, WILLIAM F
Address: 1216 WISTERIA DRIVE
City-St-Zip: FLORENCE, SC 29501

Title: VCD ( ) Delete
Name: ROGERS, THOMAS J.,
Address: POB 2398 / 130 OCALA ST
City-St-Zip: MYRTLE BEACH, SC

Title: PD ( ) Delete
Name: CAMPBELL, HAL T
Address: 1107 MARGARET DRIVE
City-St-Zip: FLORENCE, SC 29501

Title: VD ( ) Delete
Name: OWEN, MARVIN J
Address: 1125 MELROSE AVE
City-St-Zip: FLORENCE, SC 29505

Title: SD ( ) Delete
Name: WRIGHT, LESLIE P
Address: 2516 MOSSWOOD DRIVE
City-St-Zip: FLORENCE, SC 29501

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: HAL T CAMPBELL PD 03/05/2007

Electronic Signature of Signing Officer or Director Date