

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2007 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # P96000047098 1. Entity Name ASSOCIATED CONSULTING INTERNATIONAL, INC. |  |
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| Principal Place of Business 955 N PENNSYLVANIA AVE WINTER PARK, FL 32789 US | Mailing Address 785 VIA LOMBARDY WINTER PARK, FL 32789 |
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03022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-3395269 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent ADAMS, LAWRENCE H JR 785 VIA LOMBARDY WINTER PARK, FL 32789 |
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
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| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD ADAMS, LAWRENCE H JR 785 VIA LOMBARDY WINTER PARK, FL 32789 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD ADAMS, JOANNE B. 785 VIA LOMBARDY WINTER PARK, FL 32789 |
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| <p>000000659015 03/16/07-80013-007 158.75</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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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: Joanne B. Adams 3.1.07 407)647-3124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #