2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb. 27, 2008 08:00 AM
Secretary of State

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1. Entity Name

ASSOCIATED CONSULTING INTERNATIONAL, INC.



Principal Place of Business

955 N PENNSYLVANIA AVE WINTER PARK, FL 32789 Mailing Address

785 VIA LOMBARDY WINTER PARK, FL 32789



02252008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3395269

Applied For Not Applicab

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

ADAMS, LAWRENCE H JR 785 VIA LOMBARDY WINTER PARK, FL 32789

DO NOT WRITE IN THIS SPACE

	$(A_1, A_2, A_3, A_4, A_4, A_5, A_7, A_8, A_8, A_8, A_8, A_8, A_8, A_8, A_8$		345 . Las		
8. The above	named entity submits this statement for the n	urnose of changing its registers	ed office or rec	istered agent, or bo	th, in the State of Florida. I am familiar with, and accep
the obliga	ions of registered agent.	arpoto of ortaligning ha registere	ad omed or reg	instelled agent, or bo	
SIGNATURE.	(St. 1) 4 (1971) 201 (1971) 1 (1971)		<u>, t</u>	ri grif	
	Signature, typed or printed name of registered agent and title it	appicable. (NUTE: Hegistered	d Agent signature re	quired when reinstating)	DATE
	Ë NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees 03			U000000841958 /11/08-80008-019 158.75
10.	OFFICERS AND DIREC	TORS	Tall The tracks	Fide of Notice of	The last of the la
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADAMS, LAWRENCE H JR 785 VIA LOMBARDY WINTER PARK, FL 32789				
NAME STREET ADDRESS CITY-ST-ZIP	STD. ADAMS, JOANNE B. 785 VIA LOMBARDY WINTER PARK, FL 32789	,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	in Forth Capital Commissions	Norge Tolk			

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 i changed, or on an attachment with an address; with all other like empowered.

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2,25.08

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