


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Jan 11, 2006 08:00 AM  
Secretary of State**

DOCUMENT # P98000008604 1. Entity Name ATLANTIC COAST TECHNOLOGIES, INC.	
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Principal Place of Business 5180 RED BAY LANE GRANT, FL 32949	Mailing Address P.O. BOX 808 GRANT, FL 32949
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01082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3494076	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

KOLAR, LISETTE H  
5180 RED BAY LANE  
GRANT, FL 32949

DO NOT WRITE  
IN THIS SPACE

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

100000382607  
01/12/06-80018-016 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOLAR, RAYMOND J 5180 RED BAY LANE GRANT, FL 32949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS KOLAR, LISETTE H 5180 RED BAY LANE GRANT, FL 32949
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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: Lisette H. Kolar Lisette H. Kolar 1-9-06 321-725-5331  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #