## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000102359

Name:

Address: City-St-Zip: PRITCHARD, RALPH

TAMPA, FL 33647

9708 PLEASANT RUN WAY

Entity Name: ADVANCED COMPONENTS SOLUTIONS, INC.

FILED Apr 24, 2006 Secretary of State

•			- · · - <b>,</b> · · · - ·		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
5201 RIO VISTA AVE., BLDG. 14 TAMPA, FL 33634			5131 RIO VISTA AVE. TAMPA, FL 33634	5131 RIO VISTA AVE., BLDG. 09 TAMPA, FL 33634	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
P.O. BOX TAMPA, F					
FEI Number: 59-3544479 FEI Number Applied For ( )		FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
TAMPA, F The above	e of Florida.		purpose of changing its registere	d office or registered agent, or both,	
	Electro	onic Signature of Registered Ag	jent	Date	
Election Car	mpaign Financi	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	LEVENSON,	LDALE DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DST ( LEVENSON, F 14502 THORN TAMPA, FL 3	IFIELD CT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	DV (	) Delete	Title:	( ) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ERIC LEVENSON DP 04/24/2006