

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000030269			
1. Entity Name ADVANCED COMMUNICATION EQUIPMENT, INC.			
Principal Place of Business 733 GLASS RD CHIPLEY, FL 32428		Mailing Address P.O. BOX 562 CHIPLEY, FL 32428	
DO NOT WRITE IN THIS SPACE			
		 01262006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3569326	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAPP, CARY 1310 N. RAILROAD AVENUE CHIPLEY, FL 32428		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 _____ <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reappointing)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 000000419709 02/15/06-80017-021 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAPP, CARY 3425 MAPLEWOOD COURT MARIANNA, FL 32446		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SAPP, KEITH 5332 BLUE SPRINGS ROAD MARIANNA, FL 32446		
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1-30-06 850-638-335 Date Daytime Phone #	