## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 01, 2006 08:00 AM Secretary of State

(904) 356-1274

DOCUMENT # P99000032094  1. Enlity Name ACKTEL ELECTRIC COMPANY INCORPORATED				Secretary of State
Principal Place of Business  126 W ADAMS ST SUITE 450 PO BOX 52292 IACKSONVILLE, FL 32202  IACKSONVILLE, FL 3			92	
E	O NOT WRITE	IN THIS SPA	CE	04252006 No Chg-P CR2E034 (11/05)  4. FE! Number   Applied For   59-3579225   Not Applicable
			14 11 14 15 15 15 15 15 15 15 15 15 15 15 15 15	Certificate of Status Desired
HUEY, SE 2917 ISSE JACKSON		gistered Agent		DO NOT WRITE IN THIS SPACE
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  Signature, typed or preted name of registered agent and trie if applicable.  (NOTE: Registered Agent agreet when renslating)  DATE				
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  Trust Fund Contribution.			+	00 May Be ed to Fees 1000000544327
DE NAME STREET ADDRESS CITY-ST-DP HTTLE SAME	OFFICERS AND DIF DP HUEY, SEDLEY 2917 ISSER CT JACKSONVILLE, FL 32217	ECTORS		
STREET ADDRESS CITY-ST-ZIP FILE NAMETREET ADDRESS CITY-ST-ZIP	,			DO NOT WRITE
TITLE MAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
name Street address Lity-St-Zip				
MAME STREET ADDRESS CITY-ST-ZIP				
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or suppliemental 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 truster amprovered 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 appears in block in the empowered.				

ED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR