

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000046593

FILED
Apr 14, 2006
Secretary of State

Entity Name: AUTOMATED CONTROL'S TECHNOLOGY, INC.

Current Principal Place of Business:

4202 THISTLE TER. PL
VALRICO, FL 33594

New Principal Place of Business:

Current Mailing Address:

4202 THISTLE TER. PL
VALRICO, FL 33594

New Mailing Address:

FEI Number: 59-3576174

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVARNAZ, DUANE
4202 THISTLE TERRACE PL
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TUCKER, ELENA
Address: 1715 GRAND HARMONY PLACE
City-St-Zip: CARY, NC 27513

Title: VPD () Delete
Name: ALVARNAZ, DUANE
Address: 4202 THISTLE TERRACE PL
City-St-Zip: VALRICO, FL 33594

Title: SD () Delete
Name: TUCKER, JERRY
Address: 121 PINE ISLAND DR
City-St-Zip: WINTER HAVEN, FL 33881

Title: TD () Delete
Name: ALVARNAZ, SHARON
Address: 4202 THISTLE TERRACE PL
City-St-Zip: SEFFNER, FL 33584

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: DUANE P. ALVARNAZ

VP

04/14/2006

Electronic Signature of Signing Officer or Director

Date