


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2006 8:00 am
Secretary of State

05-19-2006 90031 034 ***158.75

DOCUMENT # S03224 1. Entity Name AMERICAN CORP. EXECUTIVE SERVICES, INC.					
Principal Place of Business 7795 SW 6TH STREET PLANTATION, FL 33324			Mailing Address 7795 SW 6TH STREET PLANTATION, FL 33324		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0589834	
5. Certificate of Status Desired <input checked="" type="checkbox"/> XX				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MORSE, GARY 7795 SW 6TH STREET PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name James H. Franco Street Address (P.O. Box Number is Not Acceptable) 7795 SW 6th Street City Plantation FL Zip Code 33324	
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 <u><i>James H. Franco</i></u> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT OLSON, JOHN 7795 SW 6TH STREET PLANTATION, FL 33324	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMSTRONG, MICHAEL 7795 SW 6TH STREET PLANTATION, FL 33324	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAROONE, DOUG 7795 SW 6TH STREET PLANTATION, FL 33324	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michael Ryan 7795 SW 6th Street Plantation, FL. 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Patrick O'Reilly 7795 SW 6th Street Plantation, FL. 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michael Ryan 7795 SW 6th Street Plantation, FL. 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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: <u><i>Doug Maroone</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			5-9-06 Date Daytime Phone #		