

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V35102

FILED  
Feb 22, 2005  
Secretary of State

Entity Name: ASSOCIATED CONSULTING TECHNICIANS, INC.

## Current Principal Place of Business:

15321 S. DIXIE HIGHWAY  
SUITE 310  
MIAMI, FL 33157 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 570067  
MIAMI, FL 33257

## New Mailing Address:

FEI Number: 58-2460186

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOWRY, PALLIE WAINSCOTT  
15321 S DIXIE HWY  
STE 310  
MIAMI, FL 33157 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: VD ( ) Delete  
Name: LOWRY, PALLIE W  
Address: 13220 SW 83RD AVENUE  
City-St-Zip: MIAMI, FL 33156

Title: P ( ) Delete  
Name: LOWRY, VICTOR  
Address: 13220 SW 83RD AVENUE  
City-St-Zip: MIAMI, FL 33156

Title: S ( ) Delete  
Name: PETERSON, LESLIE  
Address: 19850 SW 83RD AVENUE  
City-St-Zip: MIAMI, FL 33189

Title: T ( ) Delete  
Name: PETERSON, DOUGLAS  
Address: 19850 SW 83RD AVENUE  
City-St-Zip: MIAMI, FL 33189

## 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 Section 119.07(3)(i), 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: VICTOR LOWRY

VD

02/22/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date