2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V35102

FILED Mar 13, 2006 Secretary of State

Entity Name: ASSOCIATED CONSULTING TECHNICIANS, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
15321 S. DIXIE HIGHWAY SUITE 310 MIAMI, FL 33157 US			18001 OLD CUTLER SUITE 570 PALMETTO BAY, FL		
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
P.O. BOX 570067 MIAMI, FL 33257			SUITE 570	18001 OLD CUTLER ROAD SUITE 570 PALMETTO BAY, FL 33157 US	
FEI Number:	59-3126944	FEI Number Applied For () FEI	Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
LOWRY, PALLIE WAINSCOTT 15321 S DIXIE HWY STE 310 MIAMI, FL 33157 US			18001 OLD CUTLER SUITE 570	LOWRY, PALLIE WAINSCOTT 18001 OLD CUTLER ROAD SUITE 570 PALMETTO BAY, FL 33157 US	
The above in the State		submits this statement for the purpos	se of changing its registere	ed office or registered agent, or both,	
SIGNATURE:				03/13/2006	
	Electron	ic Signature of Registered Agent		Date	
Election Cam	npaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VD () LOWRY, PALLI 13220 SW 83R MIAMI, FL 331	D AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () LOWRY, VICTO 13220 SW 83R MIAMI, FL 331	D AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () PETERSON, LE 19850 SW 83R MIAMI, FL 331	D AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () PETERSON, DO 19850 SW 83R MIAMI, FL 331	D AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: LESLIE PETERSON S 03/13/2006