

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V35102

FILED
Apr 30, 2008
Secretary of State

Entity Name: ASSOCIATED CONSULTING TECHNICIANS, INC.

Current Principal Place of Business:

18001 OLD CUTLER ROAD
SUITE 570
PALMETTO BAY, FL 33157 US

New Principal Place of Business:

19850 SW 83RD AVENUE
MIAMI, FL 33189 US

Current Mailing Address:

18001 OLD CUTLER ROAD
SUITE 570
PALMETTO BAY, FL 33157 US

New Mailing Address:

PO BOX 570067
MIAMI, FL 33257 US

FEI Number: 59-3126944

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOWRY, PALLIE WAINSCOTT
18001 OLD CUTLER ROAD
SUITE 570
PALMETTO BAY, FL 33157 US

Name and Address of New Registered Agent:

LOWRY, PALLIE WAINSCOTT
19850 SW 83RD AVENUE
MIAMI, FL 33189 US

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: PALLIE LOWRY

04/30/2008

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: CEO () 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: P () 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 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

04/30/2008

Electronic Signature of Signing Officer or Director

Date