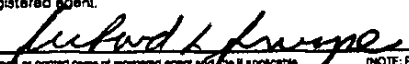
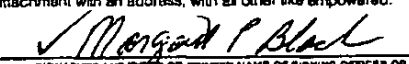


FILED  
Apr 03, 2006 8:00 am  
Secretary of State

04-03-2006 90395 006 \*\*\*150.00

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                  |                                                                                                                                                                                                         |                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| DOCUMENT # P97000098958                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                  |                                                                                                                        |                                                                                                                                                      |
| 1. Entity Name<br>ACTS II AND ASSOCIATES, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                  |                                                                                                                                                                                                         |                                                                                                                                                      |
| Principal Place of Business<br>10921 OAK ISLAND RD.<br>#104<br>BONITA SPRINGS, FL 34135                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                  | Mailing Address<br>C/O RICHARD L. SWOPE, CPA<br>P.O. BOX 111419<br>NAPLES, FL 34108-0124                                                                                                                |                                                                                                                                                      |
| 2. Principal Place of Business<br>344 LEGACY DRIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                  | 3. Mailing Address                                                                                                                                                                                      |                                                                                                                                                      |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                  | Suite, Apt. #, etc.                                                                                                                                                                                     |                                                                                                                                                      |
| City & State<br>GREENWOOD, INDIANA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                  | City & State                                                                                                                                                                                            |                                                                                                                                                      |
| Zip<br>46143                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Country                                                                                                          | Zip                                                                                                                                                                                                     | Country                                                                                                                                              |
| 4. FEI Number<br>59-3494863                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                  | Applied For<br>Not Applicable                                                                                                                                                                           |                                                                                                                                                      |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                  | \$8.75 Additional Fee Required                                                                                                                                                                          |                                                                                                                                                      |
| 6. Name and Address of Current Registered Agent<br>BLACK, MARGARET P<br>10921 OAK ISLAND ROAD, #104<br>BONITA SPRINGS, FL 34135                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                  | 7. Name and Address of New Registered Agent<br>Name RICHARD L. SWOPE, CPA<br>Street Address (P.O. Box Number is Not Acceptable)<br>8955 FONTANA DEL SOL WAY<br>P. O. BOX 111419<br>City NAPLES FL 34108 |                                                                                                                                                      |
| 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.<br>SIGNATURE:  DATE: 3/25/06<br><small>Signature, typed or printed name of registered agent and the filer acceptable. (NOTE: Registered Agent signature required when re-registering)</small>                                                                                                                                |                                                                                                                  |                                                                                                                                                                                                         |                                                                                                                                                      |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2006 Fee will be \$550.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                  | 9. Election Campaign Financing<br>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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D<br>BLACK, MARGARET P<br>10921 OAK ISLAND ROAD #104<br>BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                      | D<br>BLACK, MARGARET P.<br>344 LEGACY DRIVE<br>GREENWOOD, INDIANA 46143 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                      | <input type="checkbox"/> Change <input 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  | 3-1-06 317-889-8571                                                                                                                                                                                     |                                                                                                                                                      |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                  | <small>Date Daytime Phone</small>                                                                                                                                                                       |                                                                                                                                                      |