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Secretary of State

04-03-2006 90395 006 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000098958

1. Entity Name
ACTS II AND ASSOCIATES, INC.

50007822

02032006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
10921 OAK ISLAND RD. #104 BONITA SPRINGS, FL 34135	C/O RICHARD L. SWOPE, CPA P.O. BOX 111419 NAPLES, FL 34108-0124

2. Principal Place of Business	3. Mailing Address
344 LEGACY DRIVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: GREENWOOD, INDIANA	City & State
Zip: 46143 Country:	Zip: Country:

4. FEI Number: 59-3494863 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLACK, MARGARET P
10921 OAK ISLAND ROAD, #104
BONITA SPRINGS, FL 34135

7. Name and Address of New Registered Agent

Name: RICHARD L. SWOPE, CPA
Street Address (P.O. Box Number is Not Acceptable): 8955 FONTIANA DEL SOL WAY
P. O. BOX 111419
City: NAPLES FL Zip Code: 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.

SIGNATURE: [signature] 3/20/06
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ **$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	D BLACK, MARGARET P 10921 OAK ISLAND ROAD #104 BONITA SPRINGS, FL 34135	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACK, MARGARET P. 344 LEGACY DRIVE GREENWOOD, INDIANA 46143	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: ✓ Margaret P Black 3-1-06 317-889-8571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #