


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90088 014 ***150.00

DOCUMENT # 168806	
1. Entity Name A-1 BLOCK CORPORATION	

Principal Place of Business %ANTHONY DACATO 1617 S DIVISION ST ORLANDO FL 32805 US	Mailing Address %ANTHONY DACATO 1617 S DIVISION ST ORLANDO FL 32805 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 59-0671726		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DACATO, ANTHONY 1617 S DIVISION ORLANDO FL 32805		7. Name and Address of New Registered Agent Name FREEMAN, ADAM Street Address (P.O. Box Number is Not Acceptable) 1617 S. DIVISION AVE City ORLANDO FL Zip Code 32805	
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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 Adam S. Freeman DATE 02-25-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DACATO, ANTHONY		NAME				
STREET ADDRESS	1617 S DIVISION STREET		STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL		CITY-ST-ZIP				
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DACATO, IDA		NAME				
STREET ADDRESS	1617 S DIVISION STREET		STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL		CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> Delete	TITLE	VP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FREEMAN, JOHN		NAME				
STREET ADDRESS	1617 SO DIVISION AVE		STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL		CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FREEMAN, ADAM S.		NAME				
STREET ADDRESS	1617 S. DIVISION AVE.		STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			NAME	GAIL FREEMAN			
STREET ADDRESS			STREET ADDRESS	1617 S. DIVISION AVE			
CITY-ST-ZIP			CITY-ST-ZIP	ORLANDO, FL 32805			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Adam S. Freeman DATE 02-25-05 DAYTIME PHONE # 407-422-3768
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR