2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2009
Secretary of State

DOCUMENT# 326154

Entity Name: ACCESS CONTROL TECHNOLOGIES, INC.

Current Principal Place of Business:

1028 W. WASHINGTON
ORLANDO, FL 328051647 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 550190
ORLANDO, FL 328550190 US

New Mailing Address:

FEI Number: 59-1204532 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KNARREBORG, MICHAEL R PRES
1028 W. WASHINGTON ST.
ORLANDO, FL 32805 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	VP	( ) Delete
Name:	LOWERY, DANIEL A VICE PR	
Address:	1028 W. WASHINGTON ST.	
City-St-Zip:	ORLANDO, FL 32805 US	
Title:	P	( ) Delete
Name:	KNARREBORG, MICHAEL R PRES	
Address:	1028 W. WASHINGTON ST.	
City-St-Zip:	ORLANDO, FL 32805 US	
Title:	S	( ) Delete
Name:	LOWERY, KATHY M CORP SE	
Address:	1028 W. WASHINGTON ST.	
City-St-Zip:	ORLANDO, FL 32805 US	
Title:	T	( ) Delete
Name:	KNARREBORG, MICHAEL R TREAS	
Address:	1028 W. WASHINGTON	
City-St-Zip:	ORLANDO, FL 32805 US	
Title:	VP	( ) Delete
Name:	PAYNE, JR, ROBERT F VPSALES	
Address:	1028 W. WASHINGTON ST.	
City-St-Zip:	ORLANDO, FL 32805 US	

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:	
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: KATHY LOWERY CS 01/17/2009

Electronic Signature of Signing Officer or Director — Date