2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766255

FILED May 01, 2005 Secretary of State

Entity Name: ACADEMY OF CONSTRUCTION TECHNOLOGIES, INC.

New Principal Place of Business: Current Principal Place of Business: PO BOX 160819 ALTAMONTE SPRINGS, FL 327160819 US **Current Mailing Address: New Mailing Address:** PO BOX 160819 ALTAMONTE SPRINGS, FL 327160819 US FEI Number: 59-2245953 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SASSO, MICHAEL C SASSO, MICHAEL C 390 N. ÓRANGE AVE. 1031 WEST MORSE BLVD. STE 2700 WINTER PARK, FL 32789 US ORLANDO, FL 32801 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: 05/01/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BEASLEY, DAVID Name: Name: 875 JACKSON AVE Address: Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: CRNELIUS, MIKE Name: CORNELIUS, MIKE Address: 430 WEST DRIVE Address: 430 WEST DRIVE City-St-Zip: ALTAMONTE SPRINGS, FL 32716 City-St-Zip: ALTAMONTE SPRINGS, FL 32716 Title: 1VCT () Delete Title: () Change () Addition WALKER, PATRICIA Name: Name: 800 TRAFALGOR CT. #200 Address: Address: City-St-Zip: MAITLAND, FL 32751 City-St-Zip: Title: 2VCT (X) Delete Title: () Change () Addition Name: MOONEY, GARY Name: 800 N. MAGNOLIA AVE. 3500 Address: Address: City-St-Zip: ORLANDO, FL 32803 City-St-Zip: Title: () Delete Title: (X) Change () Addition BLAKE, LORI Name: Name: BLAKE, LORI 450 N. WYMORE 651 DANVILLE DRIVE SUITE 200 Address: Address: WINTER PARK, FL 32789 City-St-Zip: City-St-Zip: ORLANDO, FL 32825

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE CORNELIUS CT 05/01/2005