

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766255

FILED
May 24, 2006
Secretary of State

Entity Name: ACADEMY OF CONSTRUCTION TECHNOLOGIES, INC.

Current Principal Place of Business:

PO BOX 160819
ALTAMONTE SPRINGS, FL 327160819 US

New Principal Place of Business:

2900 WEST OAK RIDGE ROAD
BLDG. 1600 ROOM 139
ORLANDO, FL 32809 US

Current Mailing Address:

PO BOX 160819
ALTAMONTE SPRINGS, FL 327160819 US

New Mailing Address:

PO BOX 140832
ORLANDO, FL 32814 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:

SASSO, MICHAEL C
1031 WEST MORSE BLVD.
WINTER PARK, FL 32789 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

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BEASLEY, DAVID
Address: 875 JACKSON AVE
City-St-Zip: WINTER PARK, FL 32789

Title: CT () Delete
Name: CORNELIUS, MIKE
Address: 430 WEST DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

Title: 1VCT () Delete
Name: WALKER, PATRICIA
Address: 800 TRAFALGOR CT. #200
City-St-Zip: MAITLAND, FL 32751

Title: ST () Delete
Name: BLAKE, LORI
Address: 651 DANVILLE DRIVE SUITE 200
City-St-Zip: ORLANDO, FL 32825

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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

05/24/2006

Electronic Signature of Signing Officer or Director

Date