2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008
Secretary of State

DOCUMENT# F04000004679

Entity Name: APPLIED CONTROL TECHNOLOGY, INC.

Current Principal Place of Business:

5005 N. STATE LINE AVENUE
TEXARKANA, TX 75503 29

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 407
TEXARKANA, AR 71854

New Mailing Address:

FEI Number: 71-0623517 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CP ( ) Delete
Name: CORCORAN, DUANE
Address: #5 HILLCREST
City-St-Zip: TEXARKANA, AR 71854

Title: VCS ( ) Delete
Name: YORK, TOM
Address: 6616 LAKERIDGE DRIVE
City-St-Zip: TEXARKANA, TX 75503

Title: DT ( ) Delete
Name: HILL, MARK
Address: 6701 LAKE RIDGE DRIVE
City-St-Zip: TEXARKANA, TX 75503

Title: D ( ) Delete
Name: MCMILLON, DON
Address: 9304 DANUBE AVENUE
City-St-Zip: TEXARKANA, TX 75503

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 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: MARK HILL DT 04/14/2008

Electronic Signature of Signing Officer or Director — Date