


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # M78368
 1. Entity Name
AJT & ASSOCIATES, INC.



Principal Place of Business Mailing Address
8910 ASTRONAUT BLVD **8910 ASTRONAUT BLVD**
CAPE CANAVERAL, FL 32920 US **CAPE CANAVERAL, FL 32920 US**

DO NOT WRITE IN THIS SPACE



01182005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-2883552 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
TERAN, ALFREDO J
808 W CENTRAL BLVD
CAPE CANAVERAL, FL 32920

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TERAN, ALFREDO J.
STREET ADDRESS	808 W. CENTRAL BLVD
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920
TITLE	VP
NAME	DEEKS, PETER C.
STREET ADDRESS	2170 REYNARD PLACE
CITY-ST-ZIP	MERRITT ISLAND, FL
TITLE	VS
NAME	WOOD, RICHARD G.
STREET ADDRESS	255 BANANA BLVD.
CITY-ST-ZIP	MERRITT ISLAND, FL
TITLE	VP
NAME	HARGROVE, ARTHUR, JR.
STREET ADDRESS	1711 WALLER ROAD
CITY-ST-ZIP	HUNTSVILLE, AL
TITLE	T
NAME	SHERARD, MARCO
STREET ADDRESS	4780 YUMA TRAIL
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/19/05-80025-025 158.75

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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: *Alfredo Teran* Date: 2-17-2005 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR