

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000027709

FILED  
Feb 14, 2005  
Secretary of State

**Entity Name:** AMERICAN SWITCHING TECHNOLOGIES, INC.

**Current Principal Place of Business:**

6691 NOB HILL ROAD  
TAMARAC, FL 33321

**New Principal Place of Business:**

1701 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134

**Current Mailing Address:**

6691 NOB HILL ROAD  
TAMARAC, FL 33321

**New Mailing Address:**

1701 PONCE DE LEON BLVD  
TAMARAC, FL 33134

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WRIGHT, MALCOLM J  
2701 SPIVEY LANE  
ORLANDO, FL 32837 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: PSTD ( ) Delete  
Name: WRIGHT, MALCOLM J  
Address: 6691 NOB HILL ROAD  
City-St-Zip: TAMARAC, FL 33321

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: WRIGHT, MALCOLM J  
Address: 2701 SPIVEY LANE  
City-St-Zip: ORLANDO, FL 32837

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MALCOLM WRIGHT

MR

02/14/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date