

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000146560

Entity Name: ACCREDITED TRAFFIC CLASSES, INC.

FILED
Jan 10, 2005
Secretary of State

Current Principal Place of Business:

55 MAIN STREET
WILLISTON, FL 32696

New Principal Place of Business:

Current Mailing Address:

55 MAIN STREET
WILLISTON, FL 32696

New Mailing Address:

FEI Number: 20-0253467

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALLONE, EVE
340 NE 1ST AVE
WILLISTON, FL 32696 US

Name and Address of New Registered Agent:

GOODE, JENNIFER
PO BOX 15
WILLISTON, FL 32696 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: JENNIFER GOODE

01/10/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: PALLONE, EVE
Address: 340 NE 1ST AVE
City-St-Zip: WILLISTON, FL 32696

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: GOODE, JENNIFER
Address: PO BOX 15
City-St-Zip: WILLISTON, FL 32696

Title: VP () Change (X) Addition
Name: GOODE, DANIEL
Address: 5290 NE 167TH CT
City-St-Zip: WILLISTON, FL 32696

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: JENNIFER GOODE

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01/10/2005

Electronic Signature of Signing Officer or Director

Date