

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT


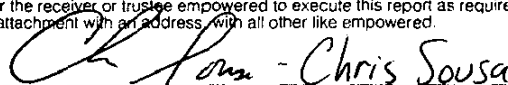
**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90075 042 \*\*\*150.00

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01292008 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P04000091908</b>					
1. Entity Name <b>ATLANTIC CIVIL CONSTRUCTORS CORPORATION</b>					
Principal Place of Business <b>3804 N. JOHN YOUNG PARKWAY 17 ORLANDO, FL 32804</b>			Mailing Address <b>1969 S. ALAFAYA TRAIL 105 ORLANDO, FL 32828</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>73-1707896</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SOUSA, CHRISTOPHER 15015 WARLICK COURT ORLANDO, FL 32828				Name <b>SOUSA, CHRISTOPHER</b> Street Address (P.O. Box Number is Not Acceptable) <b>14709 KITLANSELT WAY</b> City <b>ORLANDO</b> FL Zip Code <b>32828</b>	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOUSA, CHRISTOPHER 15015 WARLICK COURT ORLANDO, FL 32828 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Christopher G. Sousa 14709 KITLANSELT WAY Orlando, FL 32828 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSBOURNE, WILLIAM 39825 GREENBRIAR ST EUSTIS, FL 32736 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <b>Chris Sousa</b>			3/20/08 407-277-8410		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		