

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90505 001 ***361.25

DOCUMENT # P05000062165

1. Entity Name
ALTERNATIVE CONSTRUCTION SAFE ROOMS, INC.



Principal Place of Business
2910 BUSH DR
MELBOURNE, FL 32935

Mailing Address
2910 BUSH DR
MELBOURNE, FL 32935

00011001

2. Principal Place of Business - No P.O. Box #
State, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
State, Apt. #, etc.
City & State
Zip Country

04292008 Chg-P CR2E034 (12/06)

4. FEI Number
20-2546589

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
AVANTE HOLDING GROUP, INC.
2910 BUSH DR
MELBOURNE, FL 32935

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The undersigned hereby certifies that the information supplied on this filing was true and correct for the purposes of complying with the provisions of Chapter 607, Florida Statutes, and that the undersigned is duly qualified to act as a registered agent in the State of Florida. I am a resident of the State of Florida and am at least 18 years of age at the time of filing this report.

SIGNATURE: *Michael Hawkins* DATE: 4-29-08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CEO	☒ Delete	TITLE	CEO	☐ Change ☒ Add
NAME	FRANCEL, ANTHONY		NAME	Michael Hawkins	
STREET ADDRESS	1033 LAKE STREET		STREET ADDRESS	2910 Bush Dr.	
CITY-STATE-ZIP	BOLIVAR, TN 38008		CITY-STATE-ZIP	Melbourne, FL 32935	
TITLE	D	☒ Delete	TITLE		☐ Change ☐ Add
NAME	WILLIAMS, STEVEN		NAME		
STREET ADDRESS	1485 HWY 34 EAST, STE A		STREET ADDRESS		
CITY-STATE-ZIP	NEWNAN, GA 30265		CITY-STATE-ZIP		
TITLE	D	☒ Delete	TITLE		☐ Change ☐ Add
NAME	KILPATRICK, WILLIS		NAME		
STREET ADDRESS	2910 BUSH DR		STREET ADDRESS		
CITY-STATE-ZIP	MELBOURNE, FL 32935		CITY-STATE-ZIP		
TITLE	D	☒ Delete	TITLE		☐ Change ☐ Add
NAME	AMON, THOMAS		NAME		
STREET ADDRESS	500 FIFTH AVE., STE 1650		STREET ADDRESS		
CITY-STATE-ZIP	MELBOURNE, FL 32935		CITY-STATE-ZIP		
TITLE	D	☒ Delete	TITLE		☐ Change ☐ Add
NAME	SATURDAY, JEFFREY		NAME		
STREET ADDRESS	2910 BUSH DR		STREET ADDRESS		
CITY-STATE-ZIP	MELBOURNE, FL 32935		CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		

12. I hereby certify that the information supplied on this filing was true and correct for the purposes intended in Chapter 607, Florida Statutes, and 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. 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 files empowered.

SIGNATURE: *Michael Hawkins* DATE: 4-29-08 321-421-6349