2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2008
Secretary of State

DOCUMENT# P06000140028

Entity Name: AFFORDABLE TECHNOLOGY PARTNERS, INC.

Current Principal Place of Business:

1739 WILLA CIRCLE
WINTER PARK, FL 32792 US

New Principal Place of Business:

4720 GORHAM AVE
ORLANDO, FL 32817 US

Current Mailing Address:

1739 WILLA CIRCLE
WINTER PARK, FL 32792 US

New Mailing Address:

4720 GORHAM AVE
ORLANDO, FL 32817 US

FEI Number: 20-5854128 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORWIN, AARON M
1739 WILLA CIRCLE
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

CORWIN, AARON M
4720 GORHAM AVE
ORLANDO, FL 32817 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: 07/30/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DIR ( ) Delete
Name: CORWIN, AARON M
Address: 1739 WILLA CIRCLE
City-St-Zip: WINTER PARK, FL 32792 US

Title: P ( ) Delete
Name: CORWIN, AARON M
Address: 1739 WILLA CIRCLE
City-St-Zip: WINTER PARK, FL 32792 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change ( ) Addition
Name: CORWIN, AARON M
Address: 4720 GORHAM AVE
City-St-Zip: ORLANDO, FL 32817 US

Title: P (X) Change ( ) Addition
Name: CORWIN, AARON M
Address: 4720 GORHAM AVE
City-St-Zip: ORLANDO, FL 32817 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: AARON M CORWIN DIR 07/30/2008
Electronic Signature of Signing Officer or Director Date