



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000049945 1. Entity Name AACS, INC.	
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Principal Place of Business 205-207 N 11TH STREET TAMPA, FL 33602	Mailing Address P.O. BOX 75393 - TAMPA, FL 33675 US
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DO NOT WRITE IN THIS SPACE



03282005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3328875	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, RANDELL
315 HYDE PARK AVENUE
TAMPA, FL 33605

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IN THIS SPACE**

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAPITANO, ANTOINETTE 11416 LINARBOR PL. TEMPLE TERRACE, FL 33617
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HELLNER, CATHERINE 2040 BRADSHIRE DR. MOBILE, AL 36695
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VENTO, SAMUEL P 3915 WILLOWOOD DRIVE MARTINEZ, GA 30907
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/21/05-80001-019 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Antoinette V. Capitano 4-19-05-813-248-2994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #