2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005
Secretary of State

DOCUMENT# P95000056633

Entity Name: AAA BUSINESS CENTERS, INC.

Current Principal Place of Business:

740 FL CENTRAL PKY
SUITE 2024
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

740 FL CENTRAL PKY
SUITE 2024
LONGWOOD, FL 32750

New Mailing Address:

P.O. BOX 521144
LONGWOOD, FL 32752-114 US

FEI Number: 59-3324815 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OVERBY, BRIAN J
869 SILVERWOOD DRIVE
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: TATUM, M. RAY
Address: 740 FL CENTRAL PKY STE 2024
City-St-Zip: LONGWOOD, FL 32750

Title: P ( ) Delete
Name: JOHNSON, TOM
Address: 740 FL CENTRAL PKY STE. 2024
City-St-Zip: LONGWOOD, FL 32750

Title: ST ( ) Delete
Name: JOHNSON, AMY
Address: 740 FL CENTRAL PKY STE. 2024
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: JOHNSON, TOM
Address: P.O. BOX 521144
City-St-Zip: LONGWOOD, FL 32752 US

Title: ST (X) Change ( ) Addition
Name: JOHNSON, AMY
Address: P.O. BOX 521144
City-St-Zip: LONGWOOD, FL 32752

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: AMY JOHNSON S/T 04/13/2005
Electronic Signature of Signing Officer or Director Date