


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000067633</b> 1. Entity Name <b>ADVANCED CONTROL TECHNOLOGIES, INC.</b>	
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Principal Place of Business <b>1515 MUREX DR.                  NAPLES FL 34102                  US</b>	Mailing Address <b>1515 MUREX DR.                  NAPLES FL 34102                  US</b>
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-0610017</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>  <b>BURKE, WILLIAM M                  C/O BOND, SCHOENECK &amp; KING, P.A.                  4001 TAMIAMI TRAIL NORTH, STE. 404                  NAPLES FL 34103</b>
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<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete STOBB, WALTER J 1515 MUREX DR. NAPLES FL 34102
NAME	D <input type="checkbox"/> Delete STOBB, JEAN M 1515 MUREX DR. NAPLES FL 34102
STREET ADDRESS	D <input type="checkbox"/> Delete EARLE, LORRAINE 301 WEST SHORE RD. ALBURG VT 05440
CITY-ST-ZIP	D <input type="checkbox"/> Delete RYAN, GARTH 301 WEST SHORE RD. ALBURG VT 05440
TITLE	<input type="checkbox"/> Delete
NAME	<input type="checkbox"/> Delete
STREET ADDRESS	<input type="checkbox"/> Delete
CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add U00000223952
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add 02/10/05-80065-013 150.00
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Walter J. Stobb **WALTER J. STOBB** 7 Feb 2005 (235) 2622877  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone