
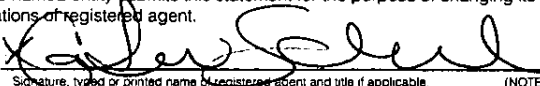
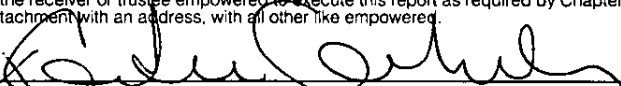


# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

082905 SEP 01 2005

<b>DOCUMENT # P97000089494</b> 1. Entity Name <b>ALTERNATIVE ACCESS TELEPHONE COMMUNICATIONS CORP.</b>					
Principal Place of Business <b>3644 WEST LANTANA ROAD LANTANA, FL 33462</b>			Mailing Address <b>3644 WEST LANTANA ROAD LANTANA, FL 33462</b>		
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>65-0787450</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CLARKE, KEVIN D 3644 WEST LANTANA ROAD LANTANA, FL 33462</b>			Name <b>Cathi Schilson</b> Street Address (P.O. Box Number is Not Acceptable) <b>3644 W. Lantana Road</b> City <b>Lantana</b> <b>FL</b> Zip Code <b>33462</b>		
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: <b>8-29-05</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>CLARKE, KEVIN D</b> <input checked="" type="checkbox"/> Delete <b>3644 WEST LANTANA ROAD LANTANA, FL 33462</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100059392761</b> <b>09/07/05--01027--009 **61.25</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>CLARKE, CLIFTON L</b> <input type="checkbox"/> Delete <b>3644 WEST LANTANA ROAD LANTANA, FL 33462</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>CLARKE, NANCY C</b> <input type="checkbox"/> Delete <b>3644 WEST LANTANA ROAD LANTANA, FL 33462</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>CLARKE, CAREN E</b> <input type="checkbox"/> Delete <b>3644 WEST LANTANA ROAD LANTANA, FL 33462</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>CLARKE, CATHI M</b> <input type="checkbox"/> Delete <b>3644 WEST LANTANA ROAD LANTANA, FL 33462</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Cathi Schilson</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date: <b>8-29-05</b> Daytime Phone #		