


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P98000025620		
1. Entity Name ACCESS TRANSPORT SERVICES, INC.		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL -9 AM 10:16

Principal Place of Business 528 SOUTH NORTH LAKE BLVD. 1000 ALTAMONTE SPRINGS, FL 32701	Mailing Address 3242 TALA LOOP LONGWOOD, FL 32779
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2. Principal Place of Business 3242 Tala Loop	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Longwood, FL	City & State
Zip 32779	Country USA



07062004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3500365	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
DRAZEN, ROBERT 528 SOUTH NORTH LAKE BLVD. 1000 ALTAMONTE SPRINGS, FL 32701	

7. Name and Address of New Registered Agent	
Name Jeffrey M. Koltun, Esquire	
Street Address (P.O. Box Number is Not Acceptable) 557 North Wymore Road	
Suite 100	
City Maitland	FL Zip Code 32751

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 7/7/04

Amended AR is \$61.25	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	DP DRAZEN, ROBERT 528 SOUTH NORTH LAKE BLVD., #1000 ALTAMONTE SPRINGS, FL 32701 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600039313955 <input type="checkbox"/> Change <input type="checkbox"/> Addition 07/19/04--01081--010 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 	7/6/04 (407) 333-2250
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #