2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000008547

Entity Name: A.H.T. CONSTRUCTION, INC.

FILED Mar 26, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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718 SW PORT SAINT LUCIE BLVD #4 1612 SW BOYKIN AVE

PORT SAINT LUCIE, FL 34953 PORT SAINT LUCIE, FL 34953

Current Mailing Address: New Mailing Address:

718 SW PORT SAINT LUCIE BLVD #4 1612 SW BOYKIN AVE

PORT SAINT LUCIE, FL 34953 PORT SAINT LUCIE, FL 34953

FEI Number: 65-0888050 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TROSSEN, ANTHONY J 718 SW PORT SAINT LUCIE BLVD #4 PORT SAINT LUCIE, FL 34953 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete

Name: TROSSEN, ANTHONY J

Address: 718 SW PORT SAINT LUCIE BLVD #4

City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VP () Delete Name: TROSSEN. HOLLY

Name: TROSSEN, HOLLY
Address: 718 SW PORT SAINT LUCIE BLVD #4

City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VP (X) Change () Addition

Name: TROSSEN, ANTHONY J

Address: 718 SW PORT SAINT LUCIE BLVD #4

City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: P (X) Change () Addition

Name: TROSSEN, HOLLY

Address: 718 SW PORT SAINT LUCIE BLVD #4
City-St-Zip: PORT SAINT LUCIE, FL 34953

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: HOLLY TROSSEN P 03/26/2009