


2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-01-2005 90001 031 ***158.75
V49490

DOCUMENT # V49490 1. Entity Name AAA CONTRACTORS, INC.			
Principal Place of Business 14502 SCOTCH PINE CT ORLANDO, FL 32832 US		Mailing Address 14502 SCOTCH PINE CT ORLANDO, FL 32832 US	
2. Principal Place of Business 8602 Sun Drive Suite, Apt. #, etc.		3. Mailing Address 8602 Sun Drive Suite, Apt. #, etc.	
City & State Orlando, Fla		City & State Orlando, Fla	
Zip 32809		Zip 32809	
Country Orange		Country Orange	
4. FEI Number 59-3131579		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent KEARNS, MARLENE FRANCIS 14502 SCOTCH PINE COURT ORLANDO, FL 32832	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8602 Sun Drive City Orlando FL Zip Code 32809		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME KEARNS, STEVEN L STREET ADDRESS 14502 SCOTCH PINE CT CITY-ST-ZIP ORLANDO, FL	<input type="checkbox"/> Delete	TITLE Change NAME 8602 Sun Drive STREET ADDRESS Orlando, Fla 32809 CITY-ST-ZIP	<input type="checkbox"/> Addition
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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
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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
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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 a 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 ged, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marlene Kearns 6/29/05 402 859
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone