


FROM :

FAX NO. :9544346956

Mar. 16 2007 10:48AM P1

**FILED**  
**Mar 19, 2007 08:00 A**  
**Secretary of State**

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # P0000025014</b>	
1. Entity Name <b>ALL TERRAIN ENVIRONMENTAL, INC.</b>	

Principal Place of Business <b>4839 S.W. 148 AVENUE PMB 524 DAVIE, FL 33330</b>	Mailing Address <b>4839 S.W. 148 AVENUE PMB 524 DAVIE, FL 33330</b>
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**DO NOT WRITE IN THIS SPACE**



03162007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>66-0310368</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**HICKSON, JAMES W JR.  
4839 S.W. 148 AVENUE  
PMB 524  
DAVIE, FL 33330**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OP HICKSON, JAMES W JR 4839 SW 148 AVE., PMB 524 DAVIE, FL 33330
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U00000672370  
03/28/07-80066-013-150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 507, 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 persons empowered.

SIGNATURE: *James W Hickson Pres.* 3/16/07 954 410 5492

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #