2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000103840

FILED Mar 16, 2007 Secretary of State

Entity Name: A TO E VENTURES, INC. **Current Principal Place of Business: New Principal Place of Business:** 2724 SE 15 ROAD HOMESTEAD, FL 33035 **Current Mailing Address: New Mailing Address:** 2724 SE 15 ROAD HOMESTEAD, FL 33035 FEI Number: 84-1686536 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILSON, CLAYRINSKI D 2724 SE 15 ROAD HOMESTEAD, FL 33035 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: **PVDS** () Delete Title: PRFS (X) Change () Addition WILSON, CLAYRINSKI D WILSON, CLAYRINSKI D Name: Name: 2724 SE 15 ROAD 2724 SE 15 ROAD Address: Address: City-St-Zip: HOMESTEAD, FL 33035 US City-St-Zip: HOMESTEAD, FL 33035 US

Title: () Delete Title: VΡ () Change (X) Addition

Name: Name: JONES, JUANITA WILSON Address: Address: 2724 SE 15TH ROAD HOMESTEAD, FL 33035 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CLAYRINSKI D WILSON **PRES** 03/16/2007