

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000103840

Entity Name: A TO E VENTURES, INC.

FILED
Oct 29, 2007
Secretary of State**Current Principal Place of Business:**2724 SE 15 ROAD
HOMESTEAD, FL 33035**New Principal Place of Business:****Current Mailing Address:**2724 SE 15 ROAD
HOMESTEAD, FL 33035**New Mailing Address:**

FEI Number: 84-1686536

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:WILSON, CLAYRINSKI D
2724 SE 15 ROAD
HOMESTEAD, FL 33035 US**Name and Address of New Registered Agent:**

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

OFFICERS AND DIRECTORS:Title: PRES () Delete
Name: WILSON, CLAYRINSKI D
Address: 2724 SE 15 ROAD
City-St-Zip: HOMESTEAD, FL 33035 USTitle: VP (X) Delete
Name: JONES, JUANITA WILSON
Address: 2724 SE 15TH ROAD
City-St-Zip: HOMESTEAD, FL 33035 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PRES (X) Change () Addition
Name: JONES, JUANITA W
Address: 2724 SE 15 ROAD
City-St-Zip: HOMESTEAD, FL 33035 USTitle: () Change () Addition
Name:
Address:
City-St-Zip:

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: JUANTIA W. JONES

PRES

10/29/2007

Electronic Signature of Signing Officer or Director

Date