## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000011744

Entity Name: ATF MANAGEMENT SYSTEMS, INC.

FILED Jan 11, 2007 Secretary of State

Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:			
	61 NW 89TH / GARDENS, FL						
Current Mailing Address:			New Mailing Address:				
	61 NW 89TH / GARDENS, FL						
FEI Number:	65-0802002	FEI Number Applied For()	FEI Number Not App	licable ( )	Certificate of Status Des	ired (X)	
Name and	Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
2100 SALX SUITE 300	(EDO STŔEE		RAG				
	named entity : e of Florida.	submits this statement for the	purpose of changing i	ts registered	office or registered ager	nt, or both,	
SIGNATUR	RE:						
	Electror	nic Signature of Registered Ag	ent		Date		
Election Car	npaign Financin	g Trust Fund Contribution ( ).					
OFFICERS	S AND DIREC	TORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	SMITH, RAUL 10741-10761 N	Delete IW 89TH AVENUE DENS, FL 33018	Title: Name: Address: City-St-Zip:	SMITH, RAUL 10761 NW 89			
Title: Name: Address: City-St-Zip:	SOTOLONGO, 10741-10761 N	) Delete RAUL IW 89TH AVENUE DENS, FL 33018	Title: Name: Address: City-St-Zip:	SOTOLONGO 10761 NW 89			
Title: Name: Address: City-St-Zip:	CUSCO, EDUA 10741-10761 N	Delete RDO IW 89TH AVENUE DENS, FL 33018	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	CUSCO, JORG 10741-10761 N	Delete E IW 89TH AVENUE DENS, FL 33018	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		

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: RAUL O SOTOLONGO VP 01/11/2007