
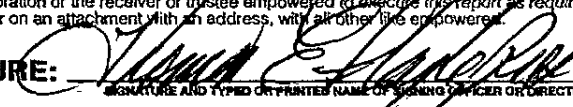


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 420102</b> 1. Entity Name <b>ATOM, INC.</b>		
Principal Place of Business <b>10661 HABITAT TRAIL BOKEELIA, FL 33922 US</b>		Mailing Address <b>PO BOX 336 PINELAND, FL 33945 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>SLAGLE, THOMAS E. 10661 HABITAT TRAIL BOKEELIA, FL 33922</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST SLAGLE, THOMAS E. 10661 HABITAT TRAIL BOKEELIA, FL 33922	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HOBBY, GERALD 18260 MATT RD NORTH FORT MYERS, FL 33903	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AST NEELD, ROBERT M., JR. 1426 SE 44TH ST. CAPE CORAL, FL 33904	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 the 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 changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4-6-05</b> <small>Date</small> <small>Daytime Phone #</small>



04052005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1500827</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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04/08/05-80080-003 150.00

**DO NOT WRITE  
IN THIS SPACE**