

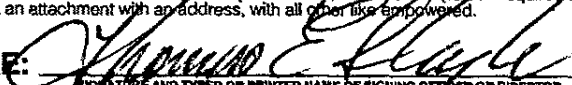


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 420102 1. Entity Name ATOM, INC.			
Principal Place of Business 10661 HABITAT TRAIL BOKEELIA, FL 33922 US		Mailing Address PO BOX 336 PINELAND, FL 33945 US	
DO NOT WRITE IN THIS SPACE			
		01182006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-1500827	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SLAGLE, THOMAS E. 10661 HABITAT TRAIL BOKEELIA, FL 33922		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 _____ (NOTE: Registered Agent signature required when re/instating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1170000405213 02/07/06-80031-010 150.00
10. OFFICERS AND DIRECTORS			
TITLE	PST		
NAME	SLAGLE, THOMAS E.		
STREET ADDRESS	10661 HABITAT TRAIL		
CITY-ST-ZIP	BOKEELIA, FL 33922		
TITLE	VD		
NAME	HOBBY, GERALD		
STREET ADDRESS	18260 MATT RD		
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903		
TITLE	AST		
NAME	NEELD, ROBERT M., JR.		
STREET ADDRESS	1426 SE 44TH ST.		
CITY-ST-ZIP	CAPE CORAL, FL 33904		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
DO NOT WRITE IN THIS SPACE			
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 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: 		1-24-06 239-283-1431	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>