


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 23, 2007 08:00 AM
Secretary of State

DOCUMENT # 693373 1. Entity Name ATREX, INC.	
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Principal Place of Business 175 INDUSTRIAL LOOP SOUTH ORANGE PARK, FL 32073	Mailing Address 175 INDUSTRIAL LOOP SOUTH ORANGE PARK, FL 32073
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DO NOT WRITE IN THIS SPACE



07092007 No Chg-P CR2E034 (11/05)

4. FEI Number 63-0754325	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

**BRAFFORD, DAVID W.
175 INDUSTRIAL LOOP SOUTH
ORANGE PARK, FL 32073**

**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 _____ DATE **07/23/07-80006-019 150.00**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRAFFORD, DAVID 175 INDUSTRIAL LOOP SO ORANGE PARK, FL 0,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRAFFORD, CHERYL 175 INDUSTRIAL LOOP SO ORANGE PARK, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ETTINGER, SHANNON 175 INDUSTRIAL LOOP SO ORANGE PARK, FL 0,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MUSSER, WILLIAM 175 INDUSTRIAL LOOP SO ORANGE PARK, FL
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 another like empowered.

SIGNATURE:  _____

Signature, typed or printed name of signing officer or director Date _____ Daytime Phone # _____