
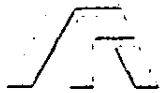


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90103 029 ***150.00

DOCUMENT # F02000003516					
1. Entity Name AMERICAN TRUST ADMINISTRATORS, INC.					
Principal Place of Business 7101 COLLEGE BLVD. STE. 1200 OVERLAND PARK, KS 66210			Mailing Address P.O. BOX 87 SHAWNEE MISSION, KS 66201		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 48-1066164	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C-T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDT MCNERNEY, TERRANCE J 710 S. EAST STREET PAOLA, KS 66071		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BURGESS, WENDY L 3300 WEST 130TH ST. LEAWOOD, KS 66209		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUNT, JOHN L 9030 W. 113TH ST. OVERLAND PARK, KS 66210		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FEATHERSTONE, BRIAN S 18740 ALDEN LANE OLATHE, KS 66062		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BURRIS, BRIAN L 13941 W. 120TH ST. OLATHE, KS 66062		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TRENT, MICHAEL L 10707 W. 133RD TERR. OVERLAND PARK, KS 66213		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Trent, Michael L. 11309 W. 140th St. Overland Park, KS 66221
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: <i>Michael L. Trent</i>			1-10-05 913-451-4900		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		



ATTACHMENT

AMERICAN TRUST

Administrators, Inc.

F020000003516

40003083

January 12, 2005

Divisions of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: 2005 For Profit Corporation Annual Report

To Whom It May Concern:

Please find enclosed our completed Annual Report and our filing fee of \$150.00.

Please contact me if you have further questions or if you need additional information.

Sincerely,

AMERICAN TRUST ADMINISTRATORS, INC.

Celeste Williams

Celeste Williams
Compliance/Agent Licensing
Ext. 2323
celestew@ataamerica.com

Enclosure