2007 FOR PROFIT CORPGRATION ANNUAL REPORT

DOCUMENT # F06000005496

Entity Name
 ATC HOLDINGS, INC.

Principal Place of Business

3228 CHANNEL 8 DRIVE LAS VEGAS, NV 89109 Mailing Address

3228 CHANNEL 8 DRIVE LAS VEGAS, NV 89109

FILED Mar 08, 2007 08:00 AM Secretary of State

Fee Required



DO NOT WRITE IN THIS SPACE

02282007 No Cng-P	CRZI	CR2E034 (11/05)		
4. FEI Number		Applied For		
91-1998673		Not Applicable		
5. Certificate of Status Desired		\$8.75 Additional		

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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 Signalure, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent agent arguired when reinstating) DATE						
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	 Election Campaign Finan Trust Fund Contribution. 	cing	\$5.00 May Be Added to Fees	03/16/07-80020-024 150.00	
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ANSTROM, S DECKER 150 W BRAMBLETON AVE NORFOLK, VA 23510					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIDDELL, GUY R III 150 W BRAMBLETON AVE NORFOLK, VA 23510					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRIDDELL, GUY R III 3228 CHANNEL 8 DRIVE LAS VEGAS, NV 89109		DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NEILSON, EMILY T 3228 CHANNEL 8 DRIVE LAS VEGAS, NV 89109					
NAME STREET ADDRESS CITY-ST-ZIP						
NAME STREET ADDRESS		4.0.				
12. Thereby 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						

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: GUB Fri dell III J J 28/07 757-446-2013

BIGNATURE: GUB Frinted name of signing officer or director Dale Daylore Prions 6