## 2007 FOR PROFIT CORPORATION

## **FILED** Apr 23, 2007 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT #F93042 ATLANTIC MEASUREMENT & CONTROL, INC. Principal Place of Business Mailing Address 4006 SWAMP DEER RD. % LAWRENCE THOMAS MELIA NEW SMYRNA BEACH, FL 32168 P.O. BOX 310 HALEIWA, HI 96712 No Chg-P CR2E034 (11/05) 04122007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2214771 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCCADDON, CRYSTAL DO NOT WRITE 4006 SWAMP DEER RD. NEW SMYRNA BEACH, FL 32168 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MELIA, LAWRENCE T NAME STREET ADDRESS **PO BOX 310** CITY-ST-ZIP HALEIWA, HI 96712 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS U00000721439 05/01/07-80147-002 150.00

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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

4-19-07