2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F96000006212

1. Entity Name
FATS, INC.

Principal Place of Business	Mailing Address
7340 MCGINNIS FERRY ROAD SUWANEE, GA 30024	7340 MCGINNIS FERRY ROAD SUWANEE, GA 30174

04282006   Chg-P   CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	4. FEI Number 58-2272995	Applied For / Not Applicable
Zip / Country	Zip / Country	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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 _____

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

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |

10.		11.	
TITLE CPD **NAME** MOHLING, RONOVAN **STREET ADDRESS** 7340 MCGINNIS FERRY ROAD **CITY-ST-ZIP** SUWANEE, GA 30024	☐ Delete	**TITLE** D **NAME** Breitner, Cameron **STREET ADDRESS** 7340 McGinnis Ferry Road **CITY-ST-ZIP** Suwanee, GA 30024	☐ Change ☒ Addition
TITLE D **NAME** WHITAKER, RONALD **STREET ADDRESS** 7340 MCGINNIS FERRY ROAD **CITY-ST-ZIP** SUWANEE, GA 30024	☐ Delete	**TITLE** CFO **NAME** Ton, Gregory **STREET ADDRESS** 7340 McGinnis Ferry Road **CITY-ST-ZIP** Suwanee, GA 30024	☐ Change ☒ Addition
TITLE D **NAME** GILLEECE, MARY ANN **STREET ADDRESS** 7340 MCGINNIS FERRY ROAD **CITY-ST-ZIP** SUWANEE, GA 30024	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition
TITLE D **NAME** PEREKSLIS, SCOTT **STREET ADDRESS** RR 1 BOX 640 **CITY-ST-ZIP** CLINTON CORNERS, NY	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition
TITLE COO **NAME** MCGRANE, DAVID **STREET ADDRESS** 7340 MCGINNIS FERRY RD **CITY-ST-ZIP** SUWANEE, GA 30024	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition
TITLE D **NAME** DYER, DARRELL **STREET ADDRESS** 7340 MCGINNIS FERRY RD **CITY-ST-ZIP** SUWANEE, GA 30024	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition

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: _____ GREGORY A. TON 4/28/2006 770-813-0180

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #