## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F99000004028

Entity Name: ATEX MANAGEMENT, INC.

KRAUS, HANS-MICHAEL

ATLANTA, GA 303093592

1230 PEACHTREE ST., NE, SUITE 3100

Name:

Address: City-St-Zip: FILED Mar 13, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2629 WAVERLY BARN ROAD, STE 124 DAVENPORT, FL 33897 **Current Mailing Address: New Mailing Address:** 2629 WAVERLY BARN ROAD, STE 124 DAVENPORT, FL 33897 US FEI Number: 58-2480109 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NRAI SERVICES, INC 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition ALFERT, FRANZ DR. Name: Name: 1230 PEACHTREE ST., NE, SUITE 3100 Address: Address: City-St-Zip: ATLANTA, GA 30309 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: GUARICCI, DANNY A Name: 2629 WAVERLY BARN ROAD, STE 124 Address: Address: DAVENPORT, FL 33897 US City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: HANS-MICHAEL KRAUS S 03/13/2009