2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # G76151

1. Entity Name
AMERICA ATLANTIC TRANSMISSION, INC.

Principal Place of Business	Mailing Address
5714 GREENWOOD AVENUE WEST PALM BEACH, FL 33407	5714 GREENWOOD AVENUE WEST PALM BEACH, FL 33407

DO NOT WRITE IN THIS SPACE

02032005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2398873	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

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6. Name and Address of Current Registered Agent

HINKOFER, MARK S.
5714 GREENWOOD AVENUE
WEST PALM BEACH, FL 33407

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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
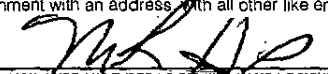

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

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10.   OFFICERS AND DIRECTORS

TITLE	PS
NAME	HINKOFER, MARK S
STREET ADDRESS	16810 N. 128TH TRAIL
CITY-ST-ZIP	JUPITER, FL 33478

02725705-80033-023 150.00

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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: _____   Glen Brandenburg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   2-15-05 (561)627-5234
Date   Daytime Phone #