

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M81679

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: AMERICAN TECHNICAL SERVICES GROUP INC.

**Current Principal Place of Business:**

5136 S.E ORANGE ST  
STUART, FL 34997 US

**New Principal Place of Business:**

**Current Mailing Address:**

5136 S.E. ORANGE ST  
STUART, FL 34997 US

**New Mailing Address:**

FEI Number: 65-0148119

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEVY, H. WILLIAM  
5136 SE ORANGE ST  
STUART, FL 34997 US

**Name and Address of New Registered Agent:**

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:**

Title: PD ( ) Delete  
Name: LEVY, HAROLD WILLIAM  
Address: 5136 ORANGE STREET  
City-St-Zip: STUART, FL 34997

Title: VPS ( ) Delete  
Name: LEVY, HANNE  
Address: 5136 SE ORANGE ST  
City-St-Zip: STUART, FL 34997

Title: VP ( ) Delete  
Name: LEVY, KIERON  
Address: 2512 NE MILDRED ST  
City-St-Zip: JENSEN BEACH, FL 34957

Title: VP (X) Delete  
Name: LEVY, MARK E  
Address: 2959 NE GEMINI AVE  
City-St-Zip: PALM BAY, FL 32905

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: HAROLD WILLIAM LEVY

PD

04/22/2009

Electronic Signature of Signing Officer or Director

Date