

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