

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M84987

Entity Name: A-TEL, INC.

FILED  
Apr 15, 2009  
Secretary of State

**Current Principal Place of Business:**

120 MARCIA DR  
ALTAMONTE SPRGS, FL 32714 US

**New Principal Place of Business:**

**Current Mailing Address:**

120 MARCIA DR  
ALTAMONTE SPGS, FL 32714 US

**New Mailing Address:**

120 MARCIA DR  
ALTAMONTE SPRGS, FL 32714 US

FEI Number: 59-2907283

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AMUNDSEN, ROGER A  
3286 HICKORY LN  
LONGWOOD, FL 32779 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: PT ( ) Delete  
Name: AMUNDSEN, SCARLETT A  
Address: 3286 HICKORY LANE  
City-St-Zip: LONGWOOD, FL 32779

Title: VPS ( ) Delete  
Name: AMUNDSEN, ROGER A  
Address: 3286 HICKORY LANE  
City-St-Zip: LONGWOOD, FL 32779

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

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: ROGER A AMUNDSEN

VPS

04/15/2009

Electronic Signature of Signing Officer or Director

Date