2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002224

Entity Name: ATAYAL, INC.

FILED Apr 15, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5703 RED BUG LAKE RD 656 MAGNOLIA DRIVE

#138 ALTAMONTE SPRINGS, FL 32701

WINTER SPRINGS, FL 32708

Current Mailing Address: New Mailing Address:

5703 RED BUG LAKE RD 656 MAGNOLIA DRIVE

#138 ALTAMONTE SPRINGS, FL 32701

WINTER SPRINGS, FL 32708

FEI Number: 59-3719572 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:

COOLIDGE, TONY
1130 MEADOW LAKE WAY
APT 200

COOLIDGE, TONY
656 MAGNOLIA DRIVE
ALTAMONTE SPRINGS, FL 32701

WINTER SPRINGS, FL 32708

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: TONY COOLIDGE 04/15/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

Name: COOLIDGE, TONY Name: COOLIDGE, TONY
Address: 5703 RED BUG LAKE RD # 138 Address: 656 MAGNOLIA DRIVE

City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Delete Title: () Change () Addition

 Name:
 CHASE, YU SHEA
 Name:

 Address:
 12635 BEACON AVE. S
 Address:

 City-St-Zip:
 SEATTLE, WA 98178
 City-St-Zip:

Name: COOLIDGE, SHU-MIN
Address: 5703 RED BUG LAKE ROAD #138

Name: COOLIDGE, SHU-MIN
Address: 656 MAGNOLIA DRIVE

City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TONY COOLIDGE PVST 04/15/2004