

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90170 008 ****61.25



DOCUMENT # N05000011543
1. Entity Name
NAATO INC.

Principal Place of Business 7825 BOCA CIEGA DR ST PETE BEACH FL 33706	Mailing Address 7825 BOCA CIEGA DR ST PETE BEACH FL 33706
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. 7885 Boca Ciega Dr.	Suite, Apt. #, etc. 7885 Boca Ciega Dr.

1st MOORE CR2E037 (10/06)

City & State	City & State	4. FEI Number 20-3765950	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILLIAMS, SHERRI 7825 BOCA CIEGA DR ST PETE BEACH FL 33706	Name
	Street Address (P.O. Box Number is Not Acceptable) 7885 Boca Ciega Dr.
	City FL Zip Code

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 *Sherr Williams* DATE 4-10-07
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAMS, SHERRI			NAME			
STREET ADDRESS	7600 BAYSHORE DR			STREET ADDRESS			
CITY-STATE-ZIP	SUNSET BEACH FL 33706			CITY-STATE-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PIERSON, ELIZABETH			NAME			
STREET ADDRESS	7825 BOCA CIEGA DR			STREET ADDRESS			
CITY-STATE-ZIP	ST PETE BEACH FL 33706			CITY-STATE-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, DAVE			NAME			
STREET ADDRESS	7885 BOCA CIEGA DR			STREET ADDRESS			
CITY-STATE-ZIP	ST PETE BEACH FL 33706			CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 617, 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: *Sherr Williams* DATE: 4-10-07 DAYTIME PHONE #: 727 363 6933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR