

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000052079

FILED
Jan 05, 2006
Secretary of State

Entity Name: ATM LOGISTIC DEPLOYMENT SERVICES, INC.

Current Principal Place of Business:

14545 J MILITARY TRAIL PMB 165
DELRAY BEACH, FL 33484

New Principal Place of Business:

14545 J MILITARY TRAIL
165
DELRAY BEACH, FL 33484

Current Mailing Address:

14545 J MILITARY TRAIL PMB 165
DELRAY BEACH, FL 33484

New Mailing Address:

14545 J MILITARY TRAIL
165
DELRAY BEACH, FL 33484

FEI Number: 65-1016589

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: PRES () Delete
Name: JOHNSON, DOUGLAS J
Address: 14545 J MILITARY TRAIL PMB 165
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: JOHNSON, DOUGLAS J
Address: 14545 J MILITARY TRAIL # 165
City-St-Zip: DELRAY BEACH, FL 33484

I hereby certify that the information supplied with this filing does not qualify for the 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: DOUGLAS J JOHNSON

PRES

01/05/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date