


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P00000103761</b> 1. Entity Name ATCHISON COVE SERVICES, INC.	
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Principal Place of Business 5198 LEGEND HILLS LANE BROOKSVILLE, FL 34609	Mailing Address 5198 LEGEND HILLS LANE BROOKSVILLE, FL 34609
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**DO NOT WRITE IN THIS SPACE**



04172007 No Chg-P CR2E034 (11/05)

4. FEI Number 06-0953378	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUNN, RALPH E  
5198 LEGEND HILLS LANE  
BROOKSVILLE, FL 34609

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

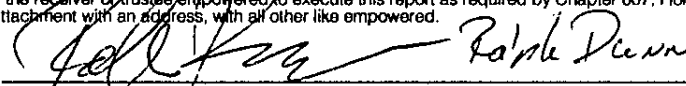
9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

U00000722565  
05/02/07-80036-023 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DUNN, RALPH E 5198 LEGEND HILLS LANE BROOKSVILLE, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DUNN, DANIEL C 5198 LEGEND HILLS LANE BROOKSVILLE, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNN, CHRISTINE A 5198 LEGEND HILLS LANE BROOKSVILLE, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUNN, BARBARA A 5198 LEGEND HILLS LANE BROOKSVILLE, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **Ralph E. Dunn** **Apr: 19, 2007**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #