2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 26, 2007 08:00 AM DOCUMENT # P01000100406 **Secretary of State** FIVE STAR ATM, INC. Principal Place of Business Mailing Address 2297 SE 12TH STREET 2297 SE 12TH STREET POMPANO BEACH, FL 33062 POMPANO BEACH, FL 33062 CR2E034 (11/05) 03072007 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1143264 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LILLY, MICHAEL DO NOT WRITE **2297 SE 12TH STREET** POMPANO BEACH, FL 33062 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE LILLY, MICHAEL NAME STREET ADDRESS 2297 SE 12TH STREET CITY-ST-ZIP POMPANO BEACH, FL 33062 U000000677651 TITLE 04/02/07-80001-020 150.00 NAME STREET ADDRESS CITY-ST-ZIP tme NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/01

Daytime Phone #

FILED