

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90234 028 \*\*\*150.00

<b>DOCUMENT # P01000101812</b> 1. Entity Name <b>ATM CONNECTION INC.</b>																													
Principal Place of Business <b>4630 SOUTH KIRKMAN ROAD @354</b> <b>ORLANDO, FL 32811</b>				Mailing Address <b>5132 CONROY RD., #924</b> <b>ORLANDO, FL 32811</b>																									
2. Principal Place of Business - No P.O. Box # <b>Focus Connections Inc.</b> Suite, Apt., W., etc. <b>4630 South Kirkman Road</b> <b># 354</b>		3. Mailing Address <b>Focus Connections Inc.</b> Suite, Apt., W., etc. <b>4630 South Kirkman Road</b> <b># 354</b>																											
City & State <b>Orlando, Florida 32811</b>		City & State <b>Orlando, Florida 32811</b>		4. FEI Number <b>58-9161288</b>																									
Zip <b>-</b>		Country <b>-</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent <b>DUNNE, KEITH</b> <b>5132 CONROY RD., #924</b> <b>ORLANDO, FL 32811</b>				7. Name and Address of New Registered Agent Name <b>Focus Connections Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>4630 South Kirkman Road</b> <b># 354</b> <b>Orlando, Florida 32811</b> City <b>FL</b> 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 <span style="float: right;">4/28/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE</small>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">DR</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DUNNE, KEITH</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4630 SOUTH KIRKMAN ROAD @354</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ORLANDO, FL 32811</td> <td></td> </tr> </table>			TITLE	DR	<input type="checkbox"/> Delete	NAME	DUNNE, KEITH		STREET ADDRESS	4630 SOUTH KIRKMAN ROAD @354		CITY - ST - ZIP	ORLANDO, FL 32811		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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**