

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000001358

FILED
Feb 21, 2007
Secretary of State

Entity Name: ALTERNATIVE TREATMENT INTERNATIONAL, INC.

Current Principal Place of Business:

300 S. DUNCAN AVE.
263
CLEARWATER, FL 33755

New Principal Place of Business:

Current Mailing Address:

300 S. DUNCAN AVE.
263
CLEARWATER, FL 33755

New Mailing Address:

FEI Number: 01-0560290 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MEYERS, ALAN
300 S. DUNCAN AVE.
263
CLEARWATER, FL 33755 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: STD () Delete
Name: MEYERS, ALAN DR.
Address: 300 S. DUNCAN AVENUE #263
City-St-Zip: CLEARWATER, FL 33755

Title: PCEO () Delete
Name: STEWART, JULIA D
Address: 300 S. DUNCAN AVENUE #263
City-St-Zip: CLEARWATER, FL 33755

Title: D () Delete
Name: STEWART, JULIA D
Address: 300 S. DUNCAN AVENUE #263
City-St-Zip: CLEARWATER, FL 33755

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MEYERS, ALAN DR.
Address: 300 S. DUNCAN AVENUE #263
City-St-Zip: CLEARWATER, FL 33755

Title: CEO (X) Change () Addition
Name: STEWART, JULIA D
Address: 300 S. DUNCAN AVENUE #263
City-St-Zip: CLEARWATER, FL 33755

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DR. ALAN MEYERS

P

02/21/2007

Electronic Signature of Signing Officer or Director

_____ Date