

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000057158

1. Entity Name  
ATH LIMITED, INC.



Principal Place of Business  
8701 4TH STREET NORTH, #100  
ST. PETERSBURG, FL 33702

Mailing Address  
8701 4TH STREET NORTH, #100  
ST. PETERSBURG, FL 33702



04192006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
02-0610216

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$6.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUZIOR, TADEUSZ  
8701 4TH STREET NORTH, #100  
ST. PETERSBURG, FL 33702

**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 *Tadeusz Huzior*

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

4. 24. 06.

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
D  
HUZIOR, TADEUSZ  
8701 4TH STREET NORTH, #100  
ST. PETERSBURG, FL 33702

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
D  
HUZIOR, ANTONINA  
8701 4TH STREET NORTH, #100  
ST. PETERSBURG, FL 33702

TITLE  
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STREET ADDRESS  
CITY- ST- ZIP

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CITY- ST- ZIP

1000000534316  
05/08/06-80007-007 150.00

**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: *Tadeusz Huzior*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4. 24. 06.

DATE

Daytime Phone