2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Mar 19, 2007 08:00 AM **DOCUMENT # P02000060258 Secretary of State** 1. Entity Name ATA-MAN-MGT, INC. Principal Place of Business Mailing Address 2045 NORTH BCH RD. 2045 NORTH BCH RD. ENGLEWOOD, FL 34223 ENGLEWOOD, FL 34223 No Chg-P CR2E034 (11/05) 02202007 DO NOT WRITE IN THIS SPACE Applied F 4. FEI Number Not Applic 01-0700118 \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. DO NOT WRITE 1840 SW 22ND ST. 4TH FLOOR IN THIS SPACE MIAMI, FL 33145 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 acthe obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME ATAMANCHUK, SUSAN 2045 NORTH BCH RD. STREET ADDRESS CITY - ST- 7IP ENGLEWOOD, FL 34223 U00000671639 03/28/07-80037-005 150.00 TITLE ATAMANCHUK, BARBARA NAME STREET ADDRESS 2045 NORTH BCH RD. CITY-ST-ZIP ENGLEWOOD, FL 34223 TITLE NAME STREET ADDRESS

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 directly 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP