

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000125057 1. Entity Name: ATIT INC. 16-A VIA DELUNA DR. PENSACOLA BEACH, FL 32561	
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Principal Place of Business 16-A VIA DELUNA DR. PENSACOLA BEACH, FL 32561 US	Mailing Address 16-A VIA DELUNA PENSACOLA BEACH, FL 32561 US
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DO NOT WRITE IN THIS SPACE



07032006 No Chg-P CR2E034 (11/05)

4. FEI Number 42-1560372	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PATEL, MANOJ
16-A VIA DELUNA
PENSACOLA BEACH, FL 32561

**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: _____ (NOTE: Registered Agent signature required when rehashing) DATE: _____

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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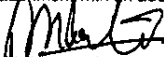
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES PATEL, MANOJ 16-A VIA DELUNA PENSACOLA BEACH, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PATEL, RASHMI 4300 SOUNDSIDE DR. GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/11/06-80001-011 550.00

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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:  **MANOJ PATEL** 6-30-06 850-932-8454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #