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May 03, 2005 8:00 am
Secretary of State
03-07-2005 90285 031 ***150.00

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2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000006572

1. Entity Name
ATECH. MGMT SOLUTIONS, INC.

Principal Place of Business	Mailing Address
5914-G WINDHOVER DR ORLANDO, FL 32819	5914-G WINDHOVER DR ORLANDO, FL 32819

66015152

01272005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
5914-G Windhover Dr	5914-G Windhover Dr
Suite, Apt. #, etc.: G	Suite, Apt. #, etc.: G
City & State: Orlando FL	City & State: Orlando FL
Zip: 32819 Country: USA	Zip: 32819 Country: USA

4. FEI Number: 20-0578449 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SIERRA, KELLYS
4916 VIRGIN GORDA WAY
SUITE 1216
ORLANDO, FL 32839

7. Name and Address of New Registered Agent

Name: Kellys Sierra
Street Address (P.O. Box Number is Not Acceptable): 5914-G Windhover Dr
City: Orlando FL Zip Code: 32819

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: _____ DATE: 03/02/05
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD SIERRA, KELLYS 4916 VIRGIN GORDA WAY #1216 ORLANDO, FL 32839	☐ Delete	PSD Kellys Sierra 5914 G Windhover Dr. Orlando FL 32819	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT DELIZ, ROBERTO 4916 VIRGIN GORDA WAY #1216 ORLANDO, FL 32839	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 03/02/05 (407) 352-8460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #