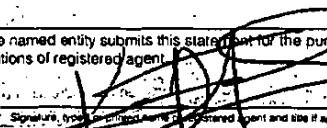


FILED
May 03, 2005 8:00 am
Secretary of State

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03-07-2005 90285 031 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000006572			
1. Entity Name ATECH. MGMT SOLUTIONS, INC.			
Principal Place of Business 5914-G WINDHOVER DR ORLANDO, FL 32819		Mailing Address 5914-G WINDHOVER DR ORLANDO, FL 32819	
2. Principal Place of Business 5914-G Windhover Dr Suite, Apt. #, etc. G City & State Orlando FL Zip 32819 Country USA		3. Mailing Address 5914-G Windhover Dr Suite, Apt. #, etc. G City & State Orlando FL Zip 32819 Country USA	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		4. FEI Number 20-0578449 Applied For Not Applicable	
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 NOTE: Registered Agent signature required when reinitiating.			
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	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	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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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:  DATE: 03/02/05		(407) 352-8460	