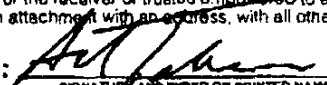


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000085658 1. Entity Name A.T. TOWS, INC.					
Principal Place of Business 214 S. DIXIE HIGHWAY HOLLYWOOD, FL 33020			Mailing Address 214 S. DIXIE HIGHWAY HOLLYWOOD, FL 33020		
2. Principal Place of Business 220 S. Dixie Highway		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Hollywood FL		City & State		4. FEI Number 20-1388904	
Zip 33020		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHLICHTE, PAUL G 2134 HOLLYWOOD BLVD. HOLLYWOOD, FL 33020			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 terminating) DATE _____					
FILE NOW!!! FEE IS \$650.00 Due by September 7, 2006		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	PD TOBIN, ART 214 S. DIXIE HIGHWAY HOLLYWOOD, FL 33020	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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:  7/12/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

FILED

 05 SEP -2 AM 9:13
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

 7/14/05 90082 008 150-00
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