

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000108946

Entity Name: ATM PLUS NETWORKS, INC

FILED
May 04, 2009
Secretary of State

Current Principal Place of Business:

665 NW 157 AVE
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

PO BOX 823262
PEMBROKE PINES, FL 33082

New Mailing Address:

FEI Number: 20-1404403

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETERS, BRIAN
1020 SW 153 TERR
PEMBROKE PINES, FL 33027 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VAN PELT, RON
Address: PO BOX 823262
City-St-Zip: PEMBROKE PINES,, FL 33082 US

Title: VP () Delete
Name: BARRY, LINNEA
Address: PO BOX 823262
City-St-Zip: PEMBROKE PINES, FL 33082 US

Title: VP () Delete
Name: BARRY, DAVID
Address: PO BOX 823262
City-St-Zip: PEMBROKE PINES,, FL 33082 US

Title: TREA () Delete
Name: PETERS, BRIAN
Address: PO BOX 823262
City-St-Zip: PEMBROKE PINES,, FL 33082 US

Title: SECT () Delete
Name: PETERS, KARIN
Address: PO BOX 823262
City-St-Zip: PEMBROKE PINES,, FL 33082 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINNEA BARRY

VP

05/04/2009

Electronic Signature of Signing Officer or Director

Date