## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000044863

FILED Apr 16, 2009 Secretary of State

| Entity Nar                                  | ne: ATOZC  | OATINGS, INC.                        |   |   |                              |          |  |
|---|--|--------------------------------------|---|---|------------------------------|----------|--|
| Current Principal Place of Business:        |  |                                      | New Princ                                   | New Principal Place of Business:                    |                              |          |  |
| 1775 HARI<br>KISSIMME                       | BOR RD.<br>E, FL 34746                                   | US                                   |   |   |                              |          |  |
| Current Mailing Address:                    |  |                                      | New Maili                                   | New Mailing Address:                                |                              |          |  |
| P.O. BOX<br>INTERCES                        | 1030<br>SSION CITY, FL                                   | L 33848 US                           |   |   |                              |          |  |
| FEI Number:                                 | 20-2592617   | FEI Number Applied For ( )           | FEI Number Not Appl                         | icable ( )  | Certificate of Status Desire | d()      |  |
| Name and                                    | Address of C   | urrent Registered Agent:             | Name and                                    | Name and Address of New Registered Agent:           |                              |          |  |
|   | RESITA M<br>BOR ROAD<br>E, FL 34746                      | US                                   |   |   |                              |          |  |
| The above in the State                      | named entity s<br>of Florida.                            | submits this statement for the       | e purpose of changing i                     | ts registered o                                     | office or registered agent,  | or both, |  |
| SIGNATUR                                    | RE:  |                                      |   |   |                              |          |  |
|   | Electron   | ic Signature of Registered A         | gent  |   | Date                         |          |  |
| Election Car                                | npaign Financing   | Trust Fund Contribution ( ).         |   |   |                              |          |  |
| OFFICERS AND DIRECTORS:                     |  |                                      | ADDITION                                    | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:        |                              |          |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | PT ()<br>ROBB, TERESIT<br>1775 HARBOR I<br>KISSIMMEE, FL | ROAD                                 | Title:<br>Name:<br>Address:<br>City-St-Zip: | (   | ) Change ( ) Addition        |          |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | V ()<br>ROBB, GERALD<br>1775 HARBOR I<br>KISSIMMEE, FL   | BLVD.                                | Title:<br>Name:<br>Address:<br>City-St-Zip: | VP (X<br>ROBB, GERAL<br>1775 HARBOR<br>KISSIMMEE, F | RD.                          |          |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | MAY, LEWIS   | Delete<br>CAKE RD. UNIT 139<br>32819 | Title:<br>Name:<br>Address:<br>City-St-Zip: | VP (X<br>LEWIS, MAY<br>204 E. DRURY<br>KISSIMMEE, F |                              |          |  |
| Title:<br>Name:                             | S ()<br>LOMBARDI, JOS                                    | Delete<br>SEPH                       | Title:<br>Name:                             | S (X<br>LOMBARDI, JO                                | () Change()Addition<br>OSEPH |          |  |

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.

Address:

City-St-Zip:

204 E. DRURY ST.

KISSIMMEE, FL 34744

SIGNATURE: TERESITA ROBB **PRES** 04/16/2009

10200 TURKEY CAKE RD. UNIT 159

ORLANDO, FL 32819

Address:

City-St-Zip: