


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 23, 2007 8:00 am**  
**Secretary of State**

07-23-2007 90036 016 \*\*\*158.75

<b>DOCUMENT # P05000046596</b>	
1. Entity Name <b>AUDIT TECHNICIANS INCORPORATED</b>	

Principal Place of Business <b>32 N KIRKMAN RD. SUITE 3 ORLANDO, FL 32811</b>	Mailing Address <b>32 N KIRKMAN RD. SUITE 3 ORLANDO, FL 32811</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State		City & State	
Zip	Country	Zip	Country

07172007 Chg-P CR2E034 (12/06)

4. FEI Number <b>55-0827873</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
<b>HADLEY, SAMMY JR 1746 E SILVER STAR RD 223 OCOE, FL 34761</b>

<b>7. Name and Address of New Registered Agent</b>
Name <b>Hadley, Sammy Jr</b>
Street Address (P.O. Box Number is Not Acceptable) <b>1766 Fritwell CT</b>
City <b>Ocoee</b> FL Zip Code <b>34761</b>

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 <b>Sam Hadley Jr</b> <small>Signature, typed or printed name of registered agent and title, if applicable.</small>	DATE <b>7/17/07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO HADLEY, SAMMY JR 1746 E SILVER STAR RD #223 OCOE, FL 34761</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V HADLEY, CATRECE 1746 E SILVER STAR RD # 223 OCOE, FL 34761</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO HADLEY, SAMMY JR 1766 Fritwell CT OCOE, FL 34761</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V HADLEY, CATRECE 1766 Fritwell CT OCOE FL 34761</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.	
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<b>SIGNATURE:</b> <b>Sam Hadley Jr</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>7/17/07</b>	Daytime Phone # <b>321-695-0944</b>
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