


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90008 003 ***150.00

DOCUMENT # P05000098789

1. Entity Name
ATM PLACEMENTS & SERVICES, INC.



Principal Place of Business 16606 DALBERG DRIVE SPRING HILL, FL 34610	Mailing Address 16606 DALBERG DRIVE SPRING HILL, FL 34610
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40051000

2. Principal Place of Business - No P.O. Box # 4142 MARINER BLVD	3. Mailing Address 4142 MARINER BLVD
Suite, Apt. #, etc. # 214	Suite, Apt. #, etc. # 214



02282007 Chg-P CR2E034 (12/06)

City & State SPRING HILL, FL	City & State SPRING HILL, FL
Zip 34609	Zip 34609
Country USA	Country USA

4. FEI Number 20-3145560	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IVEY, BRIAN J
16606 DALBERG DRIVE
SPRING HILL, FL 34610

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	P IVEY, BRIAN J 16606 DALBERG DRIVE SPRING HILL, FL 34610	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP IVEY, KELLE M 16606 DALBERG DRIVE SPRING HILL, FL 34610	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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

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.

SIGNATURE: Kellee M. Ivey Kellee M. Ivey March 2, 2007 229 860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

4155