2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 03, 2006 8:00 am Secretary of State **DOCUMENT # P05000141400** 05-03-2006 90199 003 ***150.00 1. Entity Name ATEC AIR & HEARING, INC. Principal Place of Business Mailing Address 2879 STATE HWY 11 P.O. BOX 3329 DELAND, FL 32720 DELAND, FL 32721 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04182006 CR2E034 (11/05) Chg-P Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANDRECHECK, ROBERT Street Address (P.O. Box Number is Not Acceptable) 2879 STATE HWY 11 DELAND, FL 32720 City 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 Signature, typed or printed name of registered agent and tale if applicable (NOTE: Registered Agent agresture required when rematating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition ANDRECHECK, ROBERT NAME 2879 STATE HWY 11 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DELAND, FL 32720** CITY-ST-ZIP Detete ПΠЕ TITLE ☐ Change Addition MOLL, BRIAN NAME NAME STREET ADORESS 23 RYKILL WAY STREET ADDRESS CITY-ST-7P PALM COAST, FL 32164 CITY-ST-7P TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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 is 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. 4-21-06 SIGNATURE! //ex Daytime Phone

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