
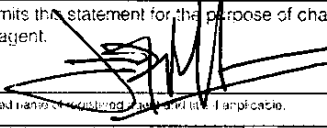


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

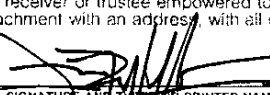
**FILED**  
**Mar 25, 2008 8:00 am**  
**Secretary of State**

03-25-2008 90011 048 \*\*\*150.00

DOCUMENT # P05000149854			
1. Entity Name ANATOM, INC.			
Principal Place of Business 5599 DEWBERRY WAY WEST PALM BEACH FL 33415 US		Mailing Address 5599 DEWBERRY WAY WEST PALM BEACH FL 33415 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <del>MODRIC, LUCY 5599 DEWBERRY WAY WEST PALM BEACH FL 33415</del>		7. Name and Address of New Registered Agent Name: <u>Luis Valderrama</u> Street Address (For Tax Purposes (Not Applicable)) <u>3328 10th Ave North</u> <u>#501</u> City: <u>Lake Worth</u> FL Zip: <u>33461</u>	
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 <u>3/3/08</u>	
Signature, typed or printed name of signing officer or director (Not Applicable)		(NOTE: Registered Agent Signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<del>MODRIC, LUCY 5599 DEWBERRY WAY WEST PALM BEACH FL 33415</del> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MODRIC, CRYSTAL 5599 DEWBERRY WAY WEST PALM BEACH FL 33415 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>OLIVEROS, CRYSTAL</u> <u>3328 10th Ave North, #501</u> <u>Lake Worth, FL 33461</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VALDERRAMA, LUIS</del> <input type="checkbox"/> Delete 714 CONNESTEE RD WEST PALM BEACH FL 33413	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>Valderrama, Luis</u> <u>3328 10th Ave North, #501</u> <u>Lake Worth, FL 33461</u>
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"/> Delete	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 Section 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 information.

SIGNATURE:

 Luis P. Valderrama  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/08 561-586-2844  
Date Registered Phone #