


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P06000021184</b> 1. Entity Name <b>A ATOMIC SANDBLASTING, INC.</b>	
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Principal Place of Business <b>3660 SW 50TH AVENUE DAVIE, FL 33314 US</b>	Mailing Address <b>3660 SW 50TH AVENUE DAVIE, FL 33314 US</b>
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**DO NOT WRITE IN THIS SPACE**



04132008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>86-1171341</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>JOHNSON, RAE L 1920 S. OCEAN DRIVE FORT LAUDERDALE, FL 33316</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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.

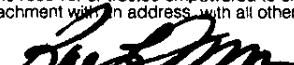
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000918849 05/13/08-80097-017 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P JOHNSON, RAE L 1920 S. OCEAN DRIVE FORT LAUDERDALE, FL 33316</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP JOHNSON, ROBERT L 612 SW 8TH STREET FORT LAUDERDALE, FL 33315</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:  **RAE L. Johnson** **4/24/08** **9545933064**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #