## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

SIGNATURE: X

## Aug 20, 2007 8:00 am Secretary of State DOCUMENT # P06000155956 08-20-2007 90170 001 \*\*\*150.00 08-20-2007 90170 002 \*\*\*\*\*8.75 ATM INNOVATIONS, INC. Principal Place of Business Mailing Address 6927 COBIA CIRCLE 6927 COBIA CIRCLE BOYNTON BEACH, FL 36343-7 BOYNTON BEACH, FL 36343-7 2. Principal Place of Business - No PO Box # Mailing Address 3547 chubaide Cigel 3547 CLO Suite, Apt. #, etc. Suite, Apt. #, etc 08132007 Chg-P CR2E034 (12/06) Gity & State Beck Ruton City & State 4. FEI Nûmber Applied For Boca Ruton 22-39/0306 Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ 33496 33496 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KICHAN 4-2141 SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 CBoca Rutor Zip Code 3349 **6** 8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent. SIGNATURE X (NOTE: Registered Agent signature required when reinstelling) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be in accordance with s. 607.193(2)(b), F.S., the Due by September 14, 2007 Trust Fund Contribution Added to Fees corporation did not receive the prior notice. . 14 OFFICERS AND DIRECTORS ,10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP TITLE Change Delete TITLE ☐ Addition RICHARD, DANIEL D RICHALD, DANIEL NAME NAME STREET ADDRESS 6927 COBIA CIRCLE STREET ADDRESS 3547 CLUBSIDE CIRCLE CITY-ST-ZIP BOYNTON BEACH, FL. 363437 BOCK RATOU CITY ST-ZIP FL 33496 DVST TITLE DVST Defete TITLE Lehange ☐ Addition RICHARD, MARIE RICHARD: MARIE NAME NAME 3547 CLUBSIDE CHELE STREET ADORESS 6927 COBIA CIRCLE STREET ADDRESS CIFY-ST-ZIP BOYNTON BEACH, FL 363437 CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-DP FIFTE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP OBY - \$1 - 7P TITLE ☐ Defele TITLE ☐ Change ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 11108 ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP 12. 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 receipter 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 attachr

DANIEL RICHARD