

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90130 012 \*\*\*150.00

<b>DOCUMENT # P07000075626</b>					
<b>1. Entity Name</b> ATTA U BUTT, PA					
<b>Principal Place of Business</b> 1532 SEAGULL DR 301 PALM HARBOR, FL 34685			<b>Mailing Address</b> 1532 SEAGULL DR 301 PALM HARBOR, FL 34685 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 3009 NORTHFIELD DR		<b>3. Mailing Address</b> 3009 NORTHFIELD DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> TARPON SPRINGS, FL		<b>City &amp; State</b> TARPON SPRINGS, FL		<b>4. FEI Number</b> 26-0494211	
<b>Zip</b> 34688		<b>Country</b> US		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required.</b>	
<b>6. Name and Address of Current Registered Agent</b> BUTT, ATTA U 1532 SEAGULL DR 301 PALM HARBOR, FL 34685			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 3009 NORTHFIELD DR City TARPON SPRINGS FL Zip Code 34688		
<b>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.</b>					
<b>SIGNATURE</b> <span style="float: right;">x 4-14-08</span> <small>Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	P BUTT, ATTA U <input type="checkbox"/> Delete 1532 SEAGULL DR, #301 PALM HARBOR, FL 34685		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3009 NORTHFIELD DR TARPON SPRINGS, FL 34688	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> <span style="float: right;">x 4-14-08</span> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					