

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000018818

Entity Name: ATB SOLUTIONS, INC.

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1717 REGAL MIST LOOP  
TRINITY, FL 34655 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO 1124  
ELFERS, FL 34680 US

**New Mailing Address:**

FEI Number: 94-3469437

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MINOTAKIS, STELIOS  
1717 REGAL MIST LOOP  
TRINITY, FL 34655 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: MINOTAKIS, STELIOS  
Address: 1717 REGAL MIST LOOP  
City-St-Zip: TRINITY, FL 34655 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STELIOS MINOTAKIS

P/D

04/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date