2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 15, 2006 8:00 am **Secretary of State** DOCUMENT # P94000020040 03-15-2006 90106 047 ***158.75 ATOMIC MACHINE & EDM, INC. Principal Place of Business Mailing Address 2145 CORPORATION BLVD 2145 CORPORATION BLVD NAPLES FL 34109 NAPLES FL 34109 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Applied For City & State 4. FEI Number 65-0480732 Not Applicable Zio Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NEADER, JOHN E Street Address (P.O. Box Number is Not Acceptable) 2145 CORPORATION BLVD NAPLES FL 34109 Zip Code City 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 Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Delete TITLE NEADER, JOHN , F NAME NEADER, JOHN F NAME 3540 AVION WOODS COART # 401 STREET ADDRESS 5433 AIRPORT RD N. #125 STREET ADDRESS CITY-ST-ZIP NAPLES FL 34109 CITY-ST-7/P DVPS ☐ Delete 1111 F TITLE Change Addition NAME MINARCIN, JOHN J NAME STREET ADDRESS 4412 BURTON ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL Delete CRANS, ROBERT UR NAME CRANS, ROBERT JR NAME 3200-60TH 57 SW. STREET ADDRESS STREET ADDRESS 2145 CORPORATION BLVD NAPLES, FL 34116 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34109 TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 enderse, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MINARCIN, JOHN, J

FILED