

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000050017

FILED  
Apr 30, 2010  
Secretary of State

**Entity Name:** AUTOMATED TELEPHONE SYSTEMS, INC.

**Current Principal Place of Business:**

1151-C SAND DRIFT WAY  
W PALM BCH, FL 33411 US

**New Principal Place of Business:**

**Current Mailing Address:**

1151 SAND DIFT WAY  
SUITE C  
W PALM BCH, FL 33411 US

**New Mailing Address:**

**FEI Number:** 65-0563863      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

POWELL, JERRY  
1151-C SAND DRIFT WAY  
W PALM BCH, FL 33411 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  
**Name:** POWELL, JERRY  
**Address:** 1151-D SAND DRIFT WAY  
**City-St-Zip:** WEST PALM BEACH, FL 33411 US

**Title:** S  
**Name:** GASSO, ROBYN  
**Address:** 3118 MEDINAH CIRCLE  
**City-St-Zip:** LAKE WORTH, FL 33467 US

**Title:** T  
**Name:** POWELL, KERRI  
**Address:** 1151-D SAND DRIFT WAY  
**City-St-Zip:** WEST PALM BEACH, FL 33411 US

**Title:** V  
**Name:** POWELL, JEANNE  
**Address:** 1151-D SAND DRIFT WAY  
**City-St-Zip:** WEST PALM BEACH, FL 33411 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:** JERRY POWELL

PRES

04/30/2010

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

\_\_\_\_\_  
Date