


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 07, 2007 08:00 A
Secretary of State

DOCUMENT # P94000051132.
 1. Entity Name
ATHENA INFORMATION SERVICES, INC.



Principal Place of Business 297 W ARTESIA 56 OVIEDO, FL 32765	Mailing Address 297 W ARTESIA 56 OVIEDO, FL 32765 US
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DO NOT WRITE IN THIS SPACE



01222007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0507894	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

OLSON, TIMOTHY
 297 W ARTESIA ST
 OVIEDO, FL 32765

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000762179
 05/25/07-80085-000 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLSON, TIMOTHY E 297 W. ARTESIA ST. OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOMLINSON, MARK D 14212 WINTERSET DR ORLANDO, FL 325326516
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE: Timothy E Olson 4/1/07 407-366-9133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #