

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90006 005 \*\*\*150.00

<b>DOCUMENT # P94000077801</b> 1. Entity Name <b>A.T.O.M. INVESTMENTS, INC.</b>					
Principal Place of Business <b>600 NE SANTA FE BLVD HIGH SPRINGS, FL 32643 US</b>			Mailing Address <b>P.O. BOX 833 FORT WHITE, FL 32038 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3275278</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MINK, LAURENCE W. 21458 S. HWY 41 HIGH SPRINGS, FL 32643</b>				7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing 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>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MINK, LAURENCE W</b> <b>21458 S HWY 41</b> <b>HIGH SPRINGS, FL 32643</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MORGENROTH, BONNIE F</b> <b>11601 MILLER ROAD</b> <b>GAINESVILLE, FL 48436</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BECHLER, K.A</b> <b>360 E 660 N</b> <b>FREMONT, IN 46737</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MINK, LAURENCE M</b> <b>22127 US 441 LOT 7</b> <b>HIGH SPRINGS, FL 32643</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
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.			VP <b>MINK, BONNIE F.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1186 ANZIO</b> <b>FLINT, MI 48507</b> <b>10070 Dutch Settlement Rd</b> <b>MARCELLUS, MI 49067</b>		
<b>SIGNATURE:</b> <i>Laurence W. Mink</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>LAURENCE W. MINK - PRES.</b>			Date <b>1-24-08</b> Daytime Phone # <b>386-454-1047</b>		