## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P96000008573

1. Entity Name

ATHENA PUBLICATIONS, INC.



FILED
Jan 10, 2008 08:00 AM
Secretary of State

Principal Place of Business

49 RICHMONDVILLE AVE

SUITE 308

WESTPORT CT 06880 US

Mailing Address

49 RICHMONDVILLE AVE

SUITE 308

DO NOT WRITE IN THIS SPACE

WESTPORT, CT 06880 US



01042008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0665958

Applied For Not Applicable

5. Certificate of Status Desired

M

\$8.75 Additional Fee Required

Name and Address of Current Registered Agent

WHITELAW, JENNIFER L 3838 TAMIAMI TRAIL N SUITE 310 NAPLES, FL 34103

## DO NOT WRITE IN THIS SPACE

		** ** **			
8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	d office or r		oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	Lapplicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finance     Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS	STEEL STEEL	West of the state of	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	DP RUST, WILLIAM F 3244 BROSNON ROAD FAIRFIELD, CT 06824				100000772369
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUST, RANDI L. 3244 BRONSON ROAD FAIRFIELD, CT 06824				01/10/08=80045=017/158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				lN.	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME					

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP

MANATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Randi L. Rust

1/07/08

203/221-0240