2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

DOCUMENT *P96000048424*

1. Entity Name

ATIA CORPORATION

Principal Place of Business	Mailing Address
6602 Executive Park Ct. BLDG. 200 Suite 207 Jacksonville FL 32216	6602 Executive Park Ct BLDG 200 Suite 207 Jacksonville, FL. 32216

1st MOORE   CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country

4. FEI Number **59-3398425**   Applied For ☐ / Not Applicable ☐

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

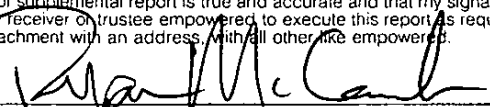| 6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BYRD, TERRY L 4069 Atlantic Blvd. Jacksonville, FL. 32207	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City ____ FL Zip Code

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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00.
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CEO	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	McCombs, George M		NAME		
STREET ADDRESS	6602 Executive Park Ct		STREET ADDRESS		
CITY-ST-ZIP	Jacksonville, FL. 32216		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	McCombs, Ryan		NAME		
STREET ADDRESS	6602 Executive Park Ct		STREET ADDRESS		
CITY-ST-ZIP	Jacksonville, FL. 32216		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 address, with all other like empowered.

SIGNATURE: _____   4/27/06   904-743-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #