## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000054639

Entity Name: ATTIC RAT, INC

City-St-Zip: HOLIDAY, FL 34691

FILED Apr 21, 2009 Secretary of State

Littly Na	ile. ATTICKA	T, INC.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
ATTIC RAT INC CUSTOM CABLING 1320 COLUMBIA AVE							
PALM HAI	RBOR, FL 3468	33 US					
Current M	lailing Addres	s:	New Mailir	New Mailing Address:			
1320 COLUMBIA AVE. PALM HARBOR, FL 34683			1320 COLL	ATTIC RAT INC CUSTOM CABLING 1320 COLUMBIA AVE PALM HARBOR, FL 34683 US			
FEI Number	: 59-3275594	FEI Number Applied For ( )	FEI Number Not Appli	icable ( )	Certificate of Status Desire	ed ( )	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
3440 E. LA	), ROBERT F KE RD., #104 RBOR, FL 3468	35 US					
	named entity s e of Florida.	ubmits this statement for the p	ourpose of changing it	ts registered	office or registered agent	, or both,	
SIGNATU	RE:						
	Electroni	c Signature of Registered Age	ent	Date			
Election Car	npaign Financing	Trust Fund Contribution ( ).					
OFFICER	S AND DIRECT	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DP () DAWSON, WAL 1320 COLUMBIA PALM HARBOR,	A AVE.	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	S () RAMOS, DEBBII 2209 CITRUS HI PALM HARBOR,	LL RD	Title: Name: Address: City-St-Zip:	S () RAMBO, DEBI 2209 CITRUS PALM HARBO	HILL RD		
Title: Name:	T () LAWSON, SEAN		Title: Name:	(	) Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

City-St-Zip:

SIGNATURE: W. S. DAWSON PRES 04/21/2009