

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # **PA990000068700**

1. Entity Name

All Tech International Corp



FILED
Apr 13, 2006 08:00 AM
Secretary of State
03/30/06 80015 009 **150.00

Principal Place of Business

Mailing Address

**P.O. Box 410601
Melbourne, FL 32941**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FBI Number

☒ Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Tony Long
605 Shorewood Drive #E 208
Cape Canaveral, FL 32920**

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 filer if applicable

(NOTE: Registered Agent signature required when terminating)

DATE

FILE NOW IN FEE IS \$150.00

After May 1, 2006 Fee Will Be \$350.00

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

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

CEO

Tony Long

PO Box 410601

Melbourne, FL 32941

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

CFO

Nicole Miller

PO Box 410601

Melbourne, FL 32941

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

President Technology Division

Gary Lee

PO Box 410601

Melbourne, FL 32941

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

President Business Dev.

Victor Anderson

PO Box 410601

Melbourne, FL 32941

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ Change

☐ Addition

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:

Tony Long

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/04/06

DATE

(501) 760-2283

TELEPHONE NUMBER