
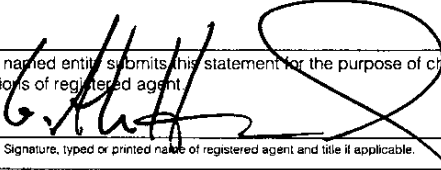



2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V31914 1. Entity Name ATS SERVICES, INC.						FILED 06 MAY 15 PM 1:42 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 9700 PHILIPS HWY STE 101 JACKSONVILLE, FL 32256 US				Mailing Address 9700 PHILIPS HWY STE 101 JACKSONVILLE, FL 32256 US			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 59-3119078				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HOWARD, ALAN 50 NORTH LAURA SUITE 2900 JACKSONVILLE, FL 32202				7. Name and Address of New Registered Agent Name Milam Howard Nicandri Dees & Gilliam P.A. Street Address (P.O. Box Number is Not Acceptable) 208 N. Laura St. #800 City Jacksonville FL Zip Code 32202			
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 				G. Alan Howard, President			
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when re-registering) DATE 2-8-06			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO CARVER, CARL 9700 PHILIPS HWY STE 101 JACKSONVILLE, FL 32256 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900076201579 06/14/06--01036--003 **250.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP PASS, DEBORAH 9700 PHILIPS HWY STE 101 JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO PRESIDENT ANDERSON, DOUGLAS 9700 PHILIPS HWY STE 101 JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.							
SIGNATURE: 				2/13/06			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				(904) 224-1246			