2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V46253

Address:

Entity Name: THE ATM COUNSEL, INC.

2178 FOREST GATE DRIVE, EAST

City-St-Zip: JACKSONVILLE, FL 32246

FILED Apr 15, 2005 Secretary of State

,		50,1022,10.			
Current Principal Place of Business:			New Principal Place of Business:		
9951 ATLA SUITE 216	ANTIC BLVD				
	VILLE, FL 32225	US			
Current Mailing Address:			New Mailing Address:		
	EST GATE DR. E VILLE, FL 32246	US			
FEI Number:	: 59-3128848 F	El Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Curi	ent Registered Agent:	Name and Address of	lame and Address of New Registered Agent:	
2178 FOR	WINFREE EST GATE DR. VILLE, FL 32246	US			
	named entity sub e of Florida.	mits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
	Electronic S	Signature of Registered Ag	ent	Date	
Election Car	mpaign Financing Tr	ust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PST () Del WINFREE, WILLIAI 2178 FOREST GAT JACKSONVILLE, FI	M L, E DR E.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	VP () Del		Title:	() Change () Addition	

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: WILLIAM L WINFREE PRES 04/15/2005