


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 27, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # F06000005613  
 1. Entity Name  
 AA ATLAS FIRE INSPECTIONS, INC.



Principal Place of Business  
 801 SECRETARY DRIVE STE H  
 ARLINGTON, TX 76015

Mailing Address  
 801 SECRETARY DRIVE STE H  
 ARLINGTON, TX 76015

**DO NOT WRITE IN THIS SPACE**



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number  
 20-3742789 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED  
 1203 GOVERNOR'S SQUARE BLVD  
 SUITE 101  
 TALLAHASSEE, FL 32301-2960

**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

U00000681209  
 04/04/07-80032-022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P EHRHARDT, DOUGLAS 801 SECRETARY DRIVE STE H ARLINGTON, TX 76015
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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: *Douglas Ehrhardt* DOUG EHRHARDT 1/9/07 817-200-2409  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #