2004 FOR PROFIT CORPORATION

FILED May 07. 2004 08:00 AM

ANNUAL REPURI				1V1Ay 07, 2004 00:00 F		
DOCUMENT # F020000051141 1. Entity Name ATLAS MARINE SYSTEMS, INC.					Secretary of State	
ATLAS MA	ARINE SYSTEMS, INC.					
Principal Place		Mailing Address				
		10925 MILLER ROAD DALLAS, TX 75238		(I CERTE HEN BENY BERN BERN BENN EENN EENE BRIEN NEET NEET WEEL REGER N. JOHN	
D	O NOT WRITE	N THIS SPAC	CE	03092004 No Chg-P CR2E034 (10/03) 4. FEI Number		
	6. Name and Address of Current Reg	istered Agent			}	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 Signature typed a printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when renstating). DATE						
Signature typed or printed name of registered agent and title if applicable (NOTE Registered A			d Agent signature required	d when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.						
10.	OFFICERS AND DIF	ECTORS				
TITLE NAME	BEUTEL, RAYMOND L					
STREET ADDRESS	10925 MILLER ROAD					
CITY-ST-ZIP	DALLAS, TX 75238		1			
TITLE NAME	LORING, MARK A		1			
STREET ADDRESS	10925 MILLER ROAD		Į.			
CITY - ST - ZIP	VSC		1			
NAME	LEFKY, SCOTT A					
STREET ADDRESS CITY - ST - ZIP	10925 MILLER ROAD DALLAS, TX 75238			DO	NOT WRITE	
TREE	DALCAG, 1A 10200		1		THIS SPACE	
NAME			1	11.4	IIIIS SPACE	
STREET ADDRESS CITY-ST-ZIP						
TITLE	<u> </u>		1			
NAME						
STREET ADDRESS CITY-ST-ZIP						
TITLE			1		and the state of t	
name Street Address			ł			

12. Thereby certify that the information supplied with this filing does not qualify 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 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 of rustice 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 all addless with all other like empowered.

SIGNATURE:

WILL
NAME OF SIGNING OFFICER OR DIRECTOR