


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90030 037 \*\*\*150.00

DOCUMENT # J78698			
1. Entity Name ATLAS GUARDIANSHIP SERVICES, INC.			
Principal Place of Business		Mailing Address	
2. Principal Place of Business <i>1117 E. Hollandale Bch Blvd #4</i>		3. Mailing Address <i>1117 E. Hollandale Bch Blvd</i>	
Suite, Apt. #, etc. <i>Suite 4</i>		Suite, Apt. #, etc. <i>Suite 4</i>	
City & State <i>Hollandale, FL</i>		City & State <i>Hollandale, FL</i>	
Zip <i>33009</i>	Country <i>USA</i>	Zip <i>33009</i>	Country <i>USA</i>
6. Name and Address of Current Registered Agent <b>ABRAMS, RONNEE</b> <i>1117 E. Hollandale Bch Blvd #4</i> <i>Hollandale, FL 33009</i>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
FL			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAMS, RONNEE	NAME	
STREET ADDRESS	<i>1117 E. Hollandale Bch Blvd #4</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>Hollandale, FL 33009</i>	CITY-ST-ZIP	
TITLE	VPS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAMS ROSEANN	NAME	
STREET ADDRESS	<i>1117 E. Hollandale Bch Blvd #4</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>Hollandale, FL 33009</i>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Ronnee Abrams</i>		<i>RONNEE ABRAMS</i> <i>3/14/06</i> <i>305-525-0046</i> <small>Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #</small>	

