

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000065459

FILED
Mar 28, 2006
Secretary of State

Entity Name: ATLANTIC TITLE ASSOCIATES, INC.

Current Principal Place of Business:

4801 S UNIVERSITY DR - STE 255
DAVIE, FL 33328

New Principal Place of Business:

4801 S UNIVERSITY DR
STE 302
DAVIE, FL 33328

Current Mailing Address:

4801 S UNIVERSITY DR - STE 255
DAVIE, FL 33328

New Mailing Address:

4801 S UNIVERSITY DR
STE302
DAVIE, FL 33328

FEI Number: 20-2797022

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, JHANET
7850 NW 146TH ST
STE 417
MIAMI LAKES, FL 33016 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GARCIA, JHANET
Address: 7850 NW 146HT ST - STE 417
City-St-Zip: MIAMI LAKES, FL 33016

Title: D () Delete
Name: PALACIOS, RAYNEL
Address: 5072 NW 74TH AVE
City-St-Zip: MIAMI, FL 33166

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: O () Change (X) Addition
Name: STUDDARD, CONNI M OFFICER
Address: 22 FOREST CIRCLE
City-St-Zip: COOPER CITY, FL 33026 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JHANET GARCIA

D

03/28/2006

Electronic Signature of Signing Officer or Director

_____ Date