

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000032605

Entity Name: ATLANTICOM.NET, INC.

FILED
Apr 26, 2006
Secretary of State

Current Principal Place of Business:

6196 NW 11 STREET, SUITE F
SUNRISE, FL 33313

New Principal Place of Business:

6196 NW 11 STREET, SUITE F
SUNRISE, FL 33313 US

Current Mailing Address:

1844 N. NOB HILL RD. #427
PLANTATION, FL 33322

New Mailing Address:

1844 N. NOB HILL RD. #427
PLANTATION, FL 33322 US

FEI Number: 65-0933339

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURDEEN, BARBARA A
1844 N. NOB HILL DR., #427
PLANTATION, FL 33322 US

Name and Address of New Registered Agent:

BURDEEN, BARBARA A
1844 N. NOB HILL RD., #427
PLANTATION, FL 33322 US

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: BARBARA A. BURDEEN

04/26/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BURDEEN, BARBARA
Address: 1844 N. NOB HILL RD. #427
City-St-Zip: PLANTATION, FL 33322

Title: V () Delete
Name: BURDEEN, CHARLES M
Address: 1844 N. NOB HILL RD. #427
City-St-Zip: PLANTATION, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BURDEEN, BARBARA A
Address: 1844 N. NOB HILL RD. #427
City-St-Zip: PLANTATION, FL 33322 US

Title: V (X) Change () Addition
Name: BURDEEN, CHARLES M
Address: 1844 N. NOB HILL RD. #427
City-St-Zip: PLANTATION, FL 33322 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: BARBARA A. BURDEEN

P

04/26/2006

Electronic Signature of Signing Officer or Director

Date