


**2005 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

DOCUMENT # P99000082919 1. Entity Name ATLANTIS INVESTMENT HOLDINGS, INC.			FILED 05 MAY 11 PM 12:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 100 1ST AVENUE SUITE 115 SAINT PETERSBURG, FL 33701		Mailing Address 100 1ST AVENUE SUITE 115 SAINT PETERSBURG, FL 33701	
2. Principal Place of Business 100 First Avenue South Suite, Apt. #, etc. Suite 115 City & State St. Petersburg Florida		3. Mailing Address 100 First Avenue South Suite, Apt. #, etc. Suite 115 City & State St. Petersburg Florida	
Zip 33701 Country USA		Zip 33701 Country USA	
4. FEI Number 59-3607961		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PRUITT, J. CRAYTON 100 1ST AVENUE SOUTH SUITE 115 ST. PETERSBURG, FL 33701		7. Name and Address of New Registered Agent Name <u>Peter R. Wallace</u> Street Address (P.O. Box Number is Not Acceptable) <u>259 Third Street North</u> City <u>St. Petersburg</u> FL Zip Code <u>33701</u>	
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: <u>Peter R. Wallace Registered Agent</u> DATE: <u>5/5/2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input checked="" type="checkbox"/> P NAME PRUITT, J. CRAYTON STREET ADDRESS 100 1ST AVENUE SOUTH, SUITE 115 CITY-ST-ZIP SAINT PETERSBURG, FL 33701	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 600054867866 CITY-ST-ZIP 05/19/05--01091--019 **\$61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME PRUITT, J. CRAYTON, JR. STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME D, VP STREET ADDRESS Pruit, J. Crayton, Jr. CITY-ST-ZIP 300 Buttonwood Lane Largo Florida 33770	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME D, SJ STREET ADDRESS Wallace, Helen Pruitt CITY-ST-ZIP 416 Brightwaters Blvd NE St Petersburg Florida 33704	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME D, T STREET ADDRESS Judge, Natalie Pruitt CITY-ST-ZIP 324 Brightwaters Blvd NE St. Petersburg Florida 33704	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby 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 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: <u>Helen Pruitt Wallace</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>5/5/2005</u> Daytime Phone #: <u>727-822-3907</u>	