2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000101150

Entity Name: ATLASS SPECIAL RISKS, INC.

FILED Apr 27, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1300 SE 17TH ST., SUITE 220 FT LAUDERDALE, FL 33316 **Current Mailing Address: New Mailing Address:** 1300 SE 17TH ST., SUITE 220 FT LAUDERDALE, FL 33316 FEI Number: 65-0970371 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ATLASS, FRANK 1300 SE 17TH STREET FT LAUDERDALE, FL 33316 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition ATLASS, FRANK ATLASS, FRANK Name: Name: 1300 SE 17TH ST., SUITE 220 1300 SE 17TH ST., SUITE 220 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33316 City-St-Zip: FORT LAUDERDALE, FL 33316 Title: Title: () Delete (X) Change () Addition GALLAUDET, JAMES GALLAUDET, JAMES Name: Name: 1300 S E. 17TH ST. SUITE 220 Address:

1300 S E. 17TH ST. SUITE 220 Address: FORT LAUDERDALE, FL 33316 City-St-Zip:

Title: () Delete ATLASS, SALLY K Name:

1300 S.E. 17TH ST SUITE 220 Address: City-St-Zip: FORT LAUDERDALE, FL 33316

Title: Name:

Address:

City-St-Zip:

() Delete

FORT LAUDERDALE, FL 33316 City-St-Zip:

(X) Change () Addition Title: SD

ATLASS, SALLY K Name:

1300 S.E. 17TH ST SUITE 220 Address: City-St-Zip: FORT LAUDERDALE, FL 33316

Title: () Change (X) Addition

OKONSKI, JAMES A Name: Address: 1300 SE 17TH ST., STE 220 City-St-Zip: FORT LAUDERDALE, FL 33316 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: FRANK ATLASS PD 04/27/2006