


Amended Report

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

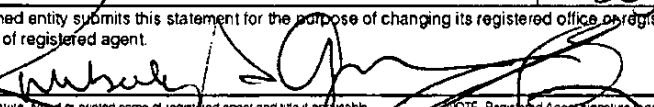
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| DOCUMENT # 585973 1. Entity Name ATLAS SERVICE, INC. |  |
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| Principal Place of Business 3200 S. CONGRESS AVE. SUITE 102 BOYNTON BEACH L 33426 US | Mailing Address 3200 S. CONGRESS AVE. SUITE 102 BOYNTON BEACH L 33426 US |
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|---|---|
| 2. Principal Place of Business 101 Commerce Road Suite, Apt. #, etc. | 3. Mailing Address 101 Commerce Road Suite, Apt. #, etc. |
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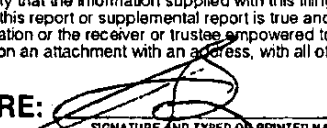
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|---|---|
| City & State Boynton Beach, FL Zip 33426 Country US | City & State Boynton Beach, FL Zip 33426 Country US |
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| 6. Name and Address of Current Registered Agent GROSSMAN, KIMBERLY A 3200 S CONGRESS AVENUE #102 BOYNTON BEACH FL 33426 | 7. Name and Address of New Registered Agent Name Kimberly A. Grossman Street Address (P.O. Box Number is Not Acceptable) 101 Commerce Road City Boynton Beach FL Zip Code 33426 |
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| 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 2/1/04 |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees |
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| 10. OFFICERS AND DIRECTORS | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|---------------------------------|------|----------------------|--|----------------|------------------|--|-------------|------------------------|--|--|-------|----------------|--|------|----------------------|--|----------------|-------------------|--|-------------|-------------------------|--|
| <table border="1" style="width: 100%;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">P</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GROSSMAN, STEVEN HAL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>101 Commerce Rd.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOYNTON BEACH FL 33426</td> <td></td> </tr> </table> | TITLE | P | <input type="checkbox"/> Delete | NAME | GROSSMAN, STEVEN HAL | | STREET ADDRESS | 101 Commerce Rd. | | CITY-ST-ZIP | BOYNTON BEACH FL 33426 | | <table border="1" style="width: 100%;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">Vice President</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Kimberly A. Grossman</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>101 Commerce Road</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Boynton Beach, FL 33426</td> <td></td> </tr> </table> | TITLE | Vice President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME | Kimberly A. Grossman | | STREET ADDRESS | 101 Commerce Road | | CITY-ST-ZIP | Boynton Beach, FL 33426 | |
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| TITLE | Vice President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | Kimberly A. Grossman | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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:  | DATE 3/3/05 |

FILED

05 MAR 30 - PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/04)