


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 264290		
1. Entity Name ATLAS PEN & PENCIL CORPORATION		

FILED

2008 APR 24 PM 1:43

Principal Place of Business 3040 N. 29 AVE. P.O. BOX 600 HOLLYWOOD FL 33022	Mailing Address 3040 N. 29 AVE. P.O. BOX 600 HOLLYWOOD FL 33022
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

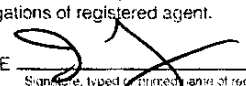


2. Principal Place of Business - No P.O. Box # 12121 SCRIPPS SUMMIT DRIVE Suite, Apt. #, etc. SUITE 200 City & State SAN DIEGO, CA Zip 92131-4609 Country USA	3. Mailing Address 12121 SCRIPPS SUMMIT DRIVE Suite, Apt. #, etc. SUITE 200 City & State SAN DIEGO, CA Zip 92131-4609 Country USA
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1st MOORE CR2E034 (10/07)


4. FEI Number 59-1001462	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 SCHNEIDER, ROBERT 3040 NORTH 29TH AVENUE HOLLYWOOD FL 33022	
7. Name and Address of New Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street City Tallahassee FL Zip Code 32301	

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  **Jeanine Reynolds**
as its agent DATE **04/01/2008**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reconstituting)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHNEIDER, ROBERT 3040 NORTH 29TH AVENUE HOLLYWOOD FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100125545971 04/24/08--01024--007 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHNEIDER, ERIC 3040 NORTH 29TH AVENUE HOLLYWOOD FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT RICHARD SCHULTE 16885 VIA DEL CAMPO COURT, SUITE 100 SAN DIEGO, CA 92127-1700 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER & SECRETARY THEODORE P. HEINTINGER 16885 VIA DEL CAMPO COURT, SUITE 100 SAN DIEGO, CA 92127-1700 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE 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 exemptions contained in Section 119, 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:  **THEODORE P. HEINTINGER** DATE **04/01/2008** 858-675-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR