



2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 342443 1. Entity Name ATLANTIC METAL INDUSTRIES INC	
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Principal Place of Business 5102 W HANNA AVE TAMPA, FL 33634	Mailing Address 5102 W HANNA AVE TAMPA, FL 33634
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DO NOT WRITE IN THIS SPACE

FILED
06 APR 07 PM 3:16
STATE OF FLORIDA
TALLAHASSEE, FLORIDA



02142006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1235664	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GAMBERG, LLOYD
5102 W HANNA AVE
TAMPA, FL 33634

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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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GAMBERG, LLOYD 816 S DELAWARE AVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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05-05-05 80131016 \$150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Lloyd Gamber LLOYD GAMBERG (813) 884-7541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #