

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 685272

FILED
Apr 25, 2006
Secretary of State

Entity Name: ATLAS PACKAGING, INC.

Current Principal Place of Business:

13165 NW 38TH AVE
OPA LOCKA, FL 330544530

New Principal Place of Business:

Current Mailing Address:

13165 NW 38TH AVE
OPA LOCKA, FL 330544530

New Mailing Address:

FEI Number: 59-2041986

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIELDS, T. WALTER
1567 PASSION VINE CIRCLE
WESTON, FL 33326 US

Name and Address of New Registered Agent:

SHIELDS, T. WALTER
13165 NW 38 AVENUE
OPA LOCKA, FL 33054 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:

04/25/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TD (X) Delete
Name: SHIELDS, SALLY
Address: 1567 PASSION VINE CIRCLE
City-St-Zip: WESTON, FL 33326

Title: CEOC () Delete
Name: SHIELDS, T. WALTER
Address: 1567 PASSION VINE CIRCLE
City-St-Zip: WESTON, FL 33326

Title: P () Delete
Name: MEISSNER, CHARLES R III
Address: 1540 LANTANA DRIVE
City-St-Zip: WESTON, FL 33326

Title: VP () Delete
Name: MEISSNER, JANICE A
Address: 1540 LANTANA DRIVE
City-St-Zip: WESTON, FL 33326

Title: VP () Delete
Name: DINGMAN, DARRIN D
Address: 8540 SW 160TH STREET
City-St-Zip: MIAMI, FL 33157

Title: VP () Delete
Name: MILLER, CHARLES A
Address: 6740 SW 169TH AVENUE
City-St-Zip: SOUTHWEST RANCHES, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CEOC (X) Change () Addition
Name: SHIELDS, T. WALTER
Address: 16728 AMBER BAY DRIVE
City-St-Zip: WESTON, FL 33331

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHARLES R. MEISSNER III

PRES

04/25/2006

Electronic Signature of Signing Officer or Director

Date