

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001172

FILED
Apr 13, 2004
Secretary of State

Entity Name: ATLANTIC RISING U.S.V.I. INC.

Current Principal Place of Business:

21 CARET BAY
ST THOMAS
ST THOMAS, VI 00803

New Principal Place of Business:

Current Mailing Address:

21 CARET BAY
ST THOMAS
ST THOMAS, VI 00803

New Mailing Address:

FEI Number: 66-0574317

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WIECHENS, EUGENE
445 NE 8 AVE
OCALA, FL 34478 US

Name and Address of New Registered Agent:

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:

Title: PCD () Delete
Name: SCHENKER, PATRICIA
Address: 21 CARET BAY
City-St-Zip: ST THOMAS, US VIRGIN ISLANDS,

Title: VSTD () Delete
Name: SCHENKER, LANCE
Address: 21 CARET BAY
City-St-Zip: ST THOMAS, US VIRGIN ISLANDS,

Title: D () Delete
Name: SCHENKER, DRESDNER
Address: 21 CARET BAY
City-St-Zip: ST THOMAS, US VIRGIN ISLANDS,

Title: D () Delete
Name: SCHENKER, DELANEY
Address: 21 CARET BAY
City-St-Zip: ST THOMAS, US VIRGIN ISLANDS,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: LANCE SCHENKER

VSTD

04/13/2004

Electronic Signature of Signing Officer or Director

Date