## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F01000000836

STICE, DALE D

ATLANTA, GA 30305

TWELVE PIEDMONT CENTER, SUITE 418

Name:

Address:

City-St-Zip:

Entity Name: ATLANTIC INVESTORS GROUP, INC

FILED Apr 11, 2005 Secretary of State

Entity Name: ATLANTIC INVESTORS GROUP, INC.				
Current P	rincipal Place of Business:	New Principal Place	New Principal Place of Business:	
TWELVE PIEDMONT CENTER SUITE 418 ATLANTA, GA 30305				
Current M	ailing Address:	New Mailing Address:		
TWELVE F SUITE 418 ATLANTA,				
FEI Number:	FEI Number Applied For ( )	FEI Number Not Applicable (X)	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US		T. R. MANAGEMENT CORPORATION 555 W. GRANADA BLVD SUITE G12 ORMOND BEACH, FL 32174 US		
The above in the State	named entity submits this statement for the of Florida.	e purpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE: TARANG PATEL		04/11/2005	
	Electronic Signature of Registered A	Agent	Date	
Election Can	npaign Financing Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PVT ( ) Delete STICE, JAMES G TWELVE PIEDMONT CENTER ATLANTA, GA 30305	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	CD ( ) Delete STICE, JAMES G TWELVE PIEDMONT CENTER, SUITE 418 ATLANTA, GA 30305	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SD ( ) Delete GREATHOUSE, BEVERLY J TWELVE PIEDMONT CENTER, SUITE 418 ATLANTA, GA 30305	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	D ( ) Delete	Title:	( ) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES G. STICE PVT 04/11/2005