


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2005 8:00 am
Secretary of State

07-19-2005 90037 002 ***158.75

DOCUMENT # F01000005676	
1. Entity Name AES ATLANTIS, INC.	

Principal Place of Business 1001 NORTH 19TH STREET, SUITE 2000 ARLINGTON, VA 22209	Mailing Address 1001 NORTH 19TH STREET, SUITE 2000 ARLINGTON, VA 22209
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50056043



2. Principal Place of Business 4300 Wilson Boulevard Suite, Apt. #, etc. 11th Floor City & State Arlington, Virginia Zip 22203 Country USA	3. Mailing Address 4300 Wilson Boulevard Suite, Apt. #, etc. 11th Floor City & State Arlington, Virginia Zip 22203 Country USA
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06302005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	
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4. FEI Number
54-2044559

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLUSSER, SARAH A 1001 NORTH 19TH STREET, SUITE 2000 ARLINGTON, VA 22209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SARAH A. SLUSSER 4300 Wilson Boulevard Arlington, VA 22203 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HALL, EDWARD C III 1001 NORTH 19TH STREET, SUITE 2000 ARLINGTON, VA 22209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR EDWARD C. HALL, III 4300 Wilson Boulevard Arlington, VA 22203 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SAMSON, AARON T 1001 NORTH 19TH STREET, SUITE 2000 ARLINGTON, VA 22209 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT AARON T. SAMSON 4300 Wilson Boulevard Arlington, VA 22203 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT FROST, JODI 1001 NORTH 19TH STREET, SUITE 2000 ARLINGTON, VA 22209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT JODI FROST 4300 Wilson Boulevard Arlington, VA 22203 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NGUYEN, THAM 1001 NORTH 19TH STREET, SUITE 2000 ARLINGTON, VA 22209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY THAM NGUYEN 4300 Wilson Boulevard Arlington, VA 22203 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROMANIW, MICHAEL 1001 NORTH 19TH STREET, SUITE 2000 ARLINGTON, VA 22209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT MICHAEL ROMANIW 4300 Wilson Boulevard Arlington, VA 22203 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Tham Nguyen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**THAM NGUYEN
SECRETARY**

June 30, 2005 7035221315
Date Daytime Phone #