2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2006
Secretary of State

DOCUMENT# F01000006569

Entity Name: ATLAS TRAVEL G.P., INC.

Current Principal Place of Business:

84 INVERNESS CIRCLE EAST
ENGLEWOOD, CO 80112

New Principal Place of Business:

Current Mailing Address:

84 INVERNESS CIRCLE EAST
ATTN: MARTE PARKER
ENGLEWOOD, CO 80112 US

New Mailing Address:

FEI Number: 76-0581954 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete
Name: PEARCE, GARY
Address: 4801 WOODWAY, SUITE 400
City-St-Zip: HOUSTON, TX 77056

Title: VTD ( ) Delete
Name: GRIFFITH, ROBERT C
Address: 84 INVERNESS CIRCLE EAST
City-St-Zip: ENGLEWOOD, CO 80112

Title: V ( ) Delete
Name: COFFMAN, JOHN S
Address: 84 INVERNESS CIRCLE EAST
City-St-Zip: ENGLEWOOD, CO 80112

Title: VSD ( ) Delete
Name: OVER, EUGENE A
Address: 84 INVERNESS CIRCLE EAST
City-St-Zip: ENGLEWOOD, CO 80112

Title: AS ( ) Delete
Name: RICH, DAVID M
Address: 84 INVERNESS CIRCLE EAST
City-St-Zip: ENGLEWOOD, CO 80112

Title: D (X) Delete
Name: ADAMS, EDWARD S
Address: 84 INVERNESS CIRCLE EAST
City-St-Zip: ENGLEWOOD, CO 80112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change ( ) Addition
Name: ADAMS, EDWARD S
Address: 84 INVERNESS CIRCLE EAST
City-St-Zip: ENGLEWOOD, CO 80112

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:

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: EUGENE A. OVER, JR. VSD 06/30/2006

Electronic Signature of Signing Officer or Director Date