2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# F05000005707

Entity Name: ATLANTIC MD BONDING COMPANY INC.

Current Principal Place of Business:

1726 REISTERS TOWN ROAD SUITE 212
BALTIMORE, MD 21208

New Principal Place of Business:

Current Mailing Address:

1726 REISTERS TOWN ROAD SUITE 212
BALTIMORE, MD 21208

New Mailing Address:

FEI Number: 52-1236659 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAPIDUS, ALVIN M
19333 COLLINS AVE, UNIT 1601
SUNNY ISLE, FL 33160 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: CP ( ) Delete
Name: LAPIDUS, ALVIN M
Address: 19333 COLLINS AVENUE UNIT 1601
City-St-Zip: SUNNY ISLES, FL 33160

Title: VCVP ( ) Delete
Name: ORING, NANCY L
Address: 57 BELLCHASE COURT
City-St-Zip: BALTIMORE, MD 21208

Title: D ( ) Delete
Name: CORENBLUM, CARYN
Address: 2821 CANOE BROOK LANE
City-St-Zip: BIRMINGHAM, AL 35243

Title: D ( ) Delete
Name: COHEN, SIMONE
Address: R HARROW COURT
City-St-Zip: PIKESVILLE, MD 21208

Title: S ( ) Delete
Name: REBECCA, ORING
Address: 57 BELL CHASE COURT
City-St-Zip: BALTIMORE, MD 21208

Title: T ( ) Delete
Name: ORING, NANCY
Address: 57 BELL CHASE COURT
City-St-Zip: BALTIMORE, MD 21208

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:

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 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: NANCY ORING VP 04/14/2009

Electronic Signature of Signing Officer or Director — Date