

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F52026

FILED
Jan 16, 2009
Secretary of State

Entity Name: ATLASS INSURANCE GROUP, INC.

Current Principal Place of Business:

1300 S.E. 17TH STREET
220
FT. LAUDERDALE, FL 33316 US

New Principal Place of Business:

Current Mailing Address:

1300 S.E. 17TH STREET
220
FT. LAUDERDALE, FL 33316 US

New Mailing Address:

FEI Number: 59-2138397 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORGAN, WALTER L
633 S. FEDERAL HWY
SUITE 400A
FT. LAUDERDALE, FL 33301 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: PD () Delete
Name: FRANK, ATLASS
Address: 1300 SE 17 ST SUITE 220
City-St-Zip: FT. LAUDERDALE, FL

Title: TDVP () Delete
Name: OKONSKI, JAMES A
Address: 1300 SE 17 ST SUITE 220
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: SD () Delete
Name: ATLASS, SALLY K
Address: 1300 SE 17 ST SUITE 220
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: VP () Delete
Name: STAMPER, SCOTT S
Address: 1300 SE 17 STREET, SUITE 220
City-St-Zip: FORT LAUDERDALE, FL 33316

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 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: JAMES OKONSKI

TDVP

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date