2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State
04-10-2006 90298 039 ***158.75

DOCUMENT # F86860

1. Entity Name
PROPERTIES ATLANTIC, INC.

Principal Place of Business	Mailing Address
~~2603 MAITLAND CENTER PKWY~~	~~2603 MAITLAND CENTER PKWY~~
~~STE B~~	~~STE B~~
~~MAITLAND, FL 32751 US~~	~~MAITLAND, FL 32751 US~~

60026186

2. Principal Place of Business		3. Mailing Address	
2701 Maitland Center Pkwy		2701 Maitland Center Pkwy	
Suite, Apt. #, etc.: Suite 225		Suite, Apt. #, etc.: Suite 225	
City & State: Maitland, FL		City & State: Maitland, FL	
Zip: 32751	Country: Orange	Zip: 32751	Country: Orange

02232006 Chg-P CR2E034 (11/05)

4. FEI Number: 59-2200546 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BERMAN, REID S.
~~2603-B MAITLAND CENTER PKWY~~
~~MAITLAND, FL 32751~~
2701 Maitland Center Pkwy, Suite 225
Maitland, FL 32751

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PV	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	BERMAN, REID S.		NAME	
STREET ADDRESS	~~1688 PINE AVENUE~~		STREET ADDRESS	2701 Maitland Center Pkwy, Suite 225
CITY-ST-ZIP	~~WINTER PARK, FL 32789~~		CITY-ST-ZIP	Maitland, FL 32751
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: ____ 4/6/06 407-659-0120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #