

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 02, 2006 08:00 AM
Secretary of State

DOCUMENT # F95308	
1. Entity Name ATLANTIC FISH CORP.	

Principal Place of Business 1351 SW 4 AV BOCA RATON FL 33429	Mailing Address PO BOX 187 BOCA RATON FL 33429
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 59-2296496	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WILLIAM LIPTON 1351 SW 4TH AVE BOCA RATON FL 33429	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSD	TITLE	
NAME	LIPTON, WILLIAM	NAME	U00000415805
STREET ADDRESS	1351 SW 4TH AVE.	STREET ADDRESS	02/11/06-80088-003 150.00
CITY-ST-ZIP	BOCA RATON FL 33429	CITY-ST-ZIP	
TITLE	VT	TITLE	
NAME	LIPTON, SANDRA	NAME	
STREET ADDRESS	1351 SW 4TH AVE.	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33429	CITY-ST-ZIP	
TITLE	AS	TITLE	
NAME	YOUNG, BETTY	NAME	
STREET ADDRESS	511 BEVERLY COURT	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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 Section 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 name like empowered.

SIGNATURE: <u>William Lipton</u>	DATE: <u>1/27/06</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	