

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90358 039 ***150.00

DOCUMENT # F97000002558

1. Entity Name
ATLANTIC FINANCIAL MANAGERS, INC.



Principal Place of Business Mailing Address
2808 FAIRMOUNT SUITE 250, LB9 DALLAS, TX 75201

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04112006 Chg-P CR2E034 (11/05)



4. FEI Number **75-2637933** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	BROOKSHIRE, STEPHEN S	
STREET ADDRESS	2808 FAIRMOUNT SUITE 250 LB9	
CITY-ST-ZIP	DALLAS, TX 75201	
TITLE	D	<input type="checkbox"/> Delete
NAME	REILLY, MICHAEL A	
STREET ADDRESS	1000 BALLPARK WAY, STE 304	
CITY-ST-ZIP	ARLINGTON, TX	
TITLE	V	<input type="checkbox"/> Delete
NAME	REILLY III, T W	
STREET ADDRESS	1000 BALLPARK WAY, STE 304	
CITY-ST-ZIP	ARLINGTON, TX	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRAWNER, JEFFREY B	
STREET ADDRESS	2808 FAIRMOUNT SUITE 250 LB9	
CITY-ST-ZIP	DALLAS, TX 75201	
TITLE	DOFA	<input type="checkbox"/> Delete
NAME	KEATH, PATRICIA W	
STREET ADDRESS	2808 FAIRMOUNT SUITE 250 LB9	
CITY-ST-ZIP	DALLAS, TX 75201	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1017 So. F.M. Rd. 5	
CITY-ST-ZIP	Aledo, TX 76008	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1017 So. F.M. Rd. 5.	
CITY-ST-ZIP	Aledo, TX 76008	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 **president**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/13/06** Daytime Phone # **(214) 303-1653**