


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # F97000002558**

1. Entity Name  
**ATLANTIC FINANCIAL MANAGERS, INC.**



Principal Place of Business <b>2808 FAIRMOUNT          SUITE 250, LB9          DALLAS, TX 75201</b>	Mailing Address <b>2808 FAIRMOUNT          SUITE 250, LB9          DALLAS, TX 75201</b>
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03132008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>75-2637933</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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 re-registering)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BROOKSHIRE, STEPHEN S 2808 FAIRMOUNT SUITE 250 LB9 DALLAS, TX 75201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REILLY, MICHAEL A 1017 S. F.M. RD. 5 ALEDO, TX 76008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REILLY III, T W 1017 S. F.M. RD. 5 ALEDO, TX 76008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRAWNER, JEFFREY B 2808 FAIRMOUNT SUITE 250 LB9 DALLAS, TX 75201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOFA KEATH, PATRICIA W 2808 FAIRMOUNT SUITE 250 LB9 DALLAS, TX 75201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/17/08-80061-010 150.00

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: STEPHEN BROOKSHIRE, PRESIDENT Date: 3/20/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #