



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90097 007 ***550.00

DOCUMENT # F99000003201 1. Entity Name ATLAS ADMINISTRATORS, INC.					
Principal Place of Business 916 SOUTH CAPITAL OF TEXAS HWY AUSTIN, TX 78746			Mailing Address 7301 NORTH 16TH ST., STE 201 PHOENIX, AZ 85020		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		<div style="text-align: center; font-size: 1.2em; margin-bottom: 10px;">401103--</div>  <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 05092007 Chg-P CR2E034 (12/06) </div> <div style="display: flex; justify-content: space-between; font-size: 0.7em;"> <div>4. FEI Number 74-2717910</div> <div>Applied For <input type="checkbox"/> Not Applicable</div> </div> <div>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</div>	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO BOGLE, GEORGE E <input type="checkbox"/> Delete 916 SOUTH CAPITOL OF TEXAS HWY AUSTIN, TX		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP MANZELLO, JOSEPH <input checked="" type="checkbox"/> Delete 916 SOUTH CAPITAL OF TEXAS HWY AUSTIN, TX 78746		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOGLE, G. MICHAEL <input type="checkbox"/> Delete 7301 N. 16TH STREET, STE 201 PHOENIX, AZ 85020		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SMITH, DONNA <input type="checkbox"/> Delete 916 S. CAPITAL OF TEXAS HWY. AUSTIN, TX 78746		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFOT GODLASKI, MIKI <input type="checkbox"/> Delete 7301 NORTH 16TH STREET SUITE 201 PHOENIX, AZ 85020		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS PARKS, SHIRLEY <input type="checkbox"/> Delete 7301 N. 16TH ST., STE 201 PHOENIX, AZ 85020		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption's 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: <u>Shirley Parks</u> Shirley Parks <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date _____ Daytime Phone # 602-371-3860		