## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F99000003201

City-St-Zip: PHOENIX, AZ 85020

FILED Feb 12, 2009 Secretary of State

Entity Na	me: ATLASA	DMINISTRATORS, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
916 SOUT AUSTIN, T		F TEXAS HWY			
Current Mailing Address:			New Mailing Address:		
	TH 16TH ST., AZ 85020	STE 201			
FEI Number: 74-2717910 FEI Number Applied For ( )		FEI Number Not Applicable ( ) Certificate of Status Desired ( )			
Name and	Address of (	Current Registered Agent:	Name and	Address	of New Registered Agent:
1201 HAYS TALLAHAS The above	S STREET SSEE, FL 323 named entity		ourpose of changing	its registere	ed office or registered agent, or both,
	e of Florida. 				
SIGNATU		sis Cianatura of Degistered Ass	- m t		Dete
Election Car		nic Signature of Registered Age g Trust Fund Contribution().	enr		Date
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	BOGLE, GEOR 916 SOUTH CA AUSTIN, TX D ( BOGLE, G. MIC	APITOL OF TEXAS HWY  ) Delete  CHAEL  STREET, STE 201	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	CEOD BOGLE, G 916 SOUT AUSTIN, T.	H CAPITOL OF TEXAS HWY
Title: Name: Address: City-St-Zip:	SMITH, DONNA	L OF TEXAS HWY.	Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	GODLASKI, MI	6TH STREET SUITE 201	Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address:	AS ( PARKS, SHRLI 7301 N. 16TH S		Title: Name: Address:	AS PARKS, SI 7301 N. 16	(X) Change()Addition HRLEY HH ST., STE 201

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip: PHOENIX, AZ 85020

SIGNATURE: SHIRLEY PARKS AS 02/12/2009