

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J45494

FILED  
Jan 18, 2009  
Secretary of State

Entity Name: THE ATRIUM TRAVEL AGENCY, INC.

## Current Principal Place of Business:

4169 ST. ANDREWS DR  
BOYNTON BEACH, FL 33436 US

## New Principal Place of Business:

## Current Mailing Address:

4169 ST. ANDREWS DR  
BOYNTON BEACH, FL 33436 US

## New Mailing Address:

FEI Number: 59-2747470

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

OSTROWSKI, DOROTHY  
4169 ST.ANDREWS DRIVE  
-  
BOYNTON BCH., FL 33436 US

## Name and Address of New Registered Agent:

OSTROWSKI, DOROTHY  
4169 ST.ANDREWS DRIVE  
-  
BOYNTON BCH., FL 33436 US

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.

SIGNATURE: DOROTHY OSTROWSKI

01/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DSVP ( ) Delete  
Name: OSTROWSKI, DOROTHY,  
Address: 4169 ST.ANDREWS DR.  
City-St-Zip: BOYNTON BCH., FL 33436

Title: T ( ) Delete  
Name: OSTROWSKI, MARK  
Address: 7138 COOPERFIELD CIRCLE  
City-St-Zip: LAKE WORTH, FL 33467

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DSVP (X) Change ( ) Addition  
Name: OSTROWSKI, DOROTHY  
Address: 4169 ST.ANDREWS DR.  
City-St-Zip: BOYNTON BCH., FL 33436

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: DOROTHY OSTROWSKI

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01/18/2009

Electronic Signature of Signing Officer or Director

Date