

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L37166

Entity Name: ATLANTIC THERAPEUTICS INC.

FILED
Jan 06, 2006
Secretary of State

Current Principal Place of Business:

1925 E ATLANTIC BLVD
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

1925 E ATLANTIC
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: 65-0162663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHULMAN, FRANK
1271 S. CYPRESS RD.
POMPANO, FL 33060 US

Name and Address of New Registered Agent:

SHULMAN, FRANK SEC
1271 S. CYPRESS RD.
POMPANO, FL 33060 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: FRANK SHULMAN

01/06/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHULMAN, NICOL,
Address: 1271 S. CYPRESS RD.
City-St-Zip: POMPANO, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SHULMAN, NICOLE
Address: 1271 S. CYPRESS RD.
City-St-Zip: POMPANO BEACH, FL 33060

I hereby certify that the information supplied with this filing does not qualify for the 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: NICOLE SHULMAN

PRES

01/06/2006

Electronic Signature of Signing Officer or Director

Date