


FILED

Apr 30, 2007 08:00 A
Secretary of State

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # M55462 1. Entity Name ATLANTIC AMALGAMATED, INC.	
---	---

Principal Place of Business 1831 N DIXIE HWY POMPANO BEACH, FL 33064	Mailing Address 1831 N DIXIE HWY POMPANO BEACH, FL 33064
--	--



04252007 No Chg-P CR2E034

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0041444	5. Certificate of Status Desired <input type="checkbox"/>	6. Additional Fee Required \$8.75
-----------------------------	---	--------------------------------------

6. Name and Address of Current Registered Agent

DONAHOE, THOMAS J
1831 N. DIXIE HWY.
POMPANO BEACH, FL 33064

DO NOT WRITE IN THIS SPACE

I, the above named entity submits this statement for the purpose of changing its registered office or registered agent, or the obligations of registered agent.

SIGNATURE _____
Signature (typed or printed name of registered agent and fee if applicable) NOTE: Registered Agent signature is required when renouncing.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	--	------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DONAHOE, THOMAS J 1831 N. DIXIE HWY. POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

000000743243
05/15/07=80101=022 150:00

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 Thomas J Donahoe **THOMAS J DONAHOE** 4/26/07 954-743-2911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Fee