2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003576

Entity Name: ATLANTIS REEF FOUNDATION, INC.

FILED Apr 27, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4101 RAVENSWOOD ROAD 4950 TRADEWINDS TERR

307 FORT LAUDERDALE, FL 33312

Current Mailing Address: New Mailing Address:

4101 RAVENSWOOD ROAD

4950 TRADEWINDS TERR
FORT LAUDERDALE EL 33312

307 FORT LAUDERDALE, FL 33312

FEI Number: 14-1926825 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:

LEVINE, GARY L MR.
4101 RAVENSWOOD ROAD
4950 TRADEWINDS TERR
507
FT LAUDERDALE, FL 33312 US

FT LAUDERDALE, FL 33312 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: GARY LEVINE 04/27/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D () Delete Title: D (X) Change () Addition

Name: BRANDELL, KIM Name: BRANDELL, KIM
Address: 4101 RAVENSWOOD ROAD STE 307 Address: 4950 TRADEWINDS TERR

Address: 4101 RAVENSWOOD ROAD STE 307 Address: 4950 TRADEWINDS TERR
City-St-Zip: FORT LAUDERDALE, FL 33312 City-St-Zip: FORT LAUDERDALE, FL 33312

Title: PD () Delete Title: D (X) Change () Addition Name: LEVINE, GARY Name: LEVINE, GARY

 Name:
 LEVINE, GARY
 Name:
 LEVINE, GARY

 Address:
 4101 RAVENSWOOD ROAD STE 307
 Address:
 4950 TRADEWINDS TERR

 City-St-Zip:
 FORT LAUDERDALE, FL 33312
 City-St-Zip:
 FORT LAUDERDALE, FL 33312

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY LEVINE D 04/27/2007