2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 26, 2006 8:00 am Secretary of State DOCUMENT # P00000104773 1. Entity Name ATLAS RENTALS, INC. 04-26-2006 90215 007 ***150.00 Principal Place of Business Mailing Address **5027 SW ELK RIVER COURT** P.O. BOX 1871 PALM CITY, FL 34991 PALM CITY, FL 34990 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04232006 CR2E034 (11/05) Cha-P City & State City & State 4. FEI Number Applied For 65-1100179 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Surrent Registered Agent 7. Name and Address of New Registered Agent Name BUTLER, JAMES JESQ 821 E OCEAN BLVD, STE B Street Ade STUART, FL 24994 8. The above named entity submits this/staten be purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE. Signature, typed or printed and title if soplicable (NOTE: Registered Agent signature required when reinstiting) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME DAVIS, JAMES N III NAME **5027 SW ELK RIVER COURT** STREET ADDRESS STREET ADDRESS PALM CITY, FL 34990 CITY-ST-7IP CITY-ST-ZIP VST ☐ Delete ☐ Change TITLE TITLE ☐ Addition DAVIS, LINDA H NAME NAME STREET ADDRESS 5027 SW ELK RIVER COURT STREET ADDRESS PALM CITY, FL 34990 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Defete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY ST. 7IP CHTY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS City, St. 7IP CITY-ST-ZIP ☐ Delete TITI F Change ☐ Addition TITE F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP I hereby certify that the information and blied 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 true the 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 a factor same appears.

FILED