2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006
Secretary of State

DOCUMENT# P01000033575

Entity Name: ATLANTIC INVESTMENT TRUST, INC.

Current Principal Place of Business:

2580 ATLANTIC BLVD
SUITE 101
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

1249 N. ORANGE AVE.
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 22-3797344 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

QUATRALE, MICHELLE
1249 N ORANGE AVENUE
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PARRETT, JOHN E
Address: 1249 NORTH ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32804

Title: DPS ( ) Delete
Name: GERMAINE, JOHN
Address: 2580 ATLANTIC BLVD SUITE 101
City-St-Zip: JACKSONVILLE, FL 32207

Title: V ( ) Delete
Name: THOMPSON, STEVE
Address: 1249 N ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32804

Title: V ( ) Delete
Name: WESTON, HOWARD
Address: 1249 N ORANGE AVE
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: JOHN PARRETT D 03/21/2006

Electronic Signature of Signing Officer or Director — Date