

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000083218

Entity Name: ATLANTIC FUTURES GROUP, INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

120 S OLIVE AVE, SUITE 308
WEST PALM BEACH, FL 33401

New Principal Place of Business:

1849 15TH AVE N.
LAKE WORTH, FL 33460

Current Mailing Address:

120 S OLIVE AVE, SUITE 308
WEST PALM BEACH, FL 33401

New Mailing Address:

1849 15TH AVE N.
LAKE WORTH, FL 33460

FEI Number: 65-1132099

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, MICHAEL T
120 S OLIVE AVE, SUITE 308
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

JONES, MICHAEL T
1849 15TH AVE N.
LAKE WORTH, FL 33460 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:

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JONES, MICHAEL T
Address: 120 S OLIVE AVE, SUITE 308
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JONES, MICHAEL T
Address: 1849 15TH AVE N.
City-St-Zip: LAKE WORTH, FL 33460

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL T. JONES

PRES

04/29/2005

Electronic Signature of Signing Officer or Director

Date