2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000098510

City-St-Zip:

() Delete

Title:

Name:

Address:

City-St-Zip:

FILED Jul 23, 2007 Secretary of State

Entity Nar	me: ATKINS	ON FINE ART & COLLECTIBLE	ES, INC.				
Current Principal Place of Business:				New Principal Place of Business:			
	HAVENUE NO TERSBURG,						
Current Mailing Address:				New Mailing Address:			
6790 CREEK VIEW LANE CUMMING, GA 30041			SUITE	139 PROMINENCE COURT SUITE 130 DAWSONVILLE, GA 30534			
FEI Number:	: 59-3749439	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:			
1840 SW 2 4TH FLOC MIAMI, FL)R 33145 US	P.A. submits this statement for the p	ournose of chang	ina its reaistere	ed office or registered agent o	ur hoth	
	e of Florida.	Submits this statement for the p	ourpose or chang	ing its registere	ed office of registered agent, o	i botii,	
SIGNATUR	RE:						
	Electro	onic Signature of Registered Age	ent		Date		
Election Car	mpaign Financir	ng Trust Fund Contribution ().					
OFFICERS	S AND DIREC	CTORS:	ADDIT	IONS/CHANG	ES TO OFFICERS AND DIR	ECTORS:	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	ATKINSON, JA 6790 CREEK CUMMING, GA	VIEW LANE A 30041) Delete SA D VIEW	Title: Name: Address City-St-2 Title: Name: Address City-St-2	SEC ATKINSON : 6790 CREI	EK VIEW LANE GA 30041 (X) Change () Addition , LISA D		
Title: Name: Address:	,) Delete	Title: Name: Address	VP MANN, RIC	() Change (X) Addition		

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

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

CUMMING, GA 30041

CUMMING, GA 30041

6615 HAMPTON CREEK DR.

() Change (X) Addition

TRES

MANN, DANA

SIGNATURE: JAMES ATKINSON **PRES** 07/23/2007