

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90018 012 ***158.75

DOCUMENT # P01000108334 1. Entity Name ATRIUM GENERAL PARTNER, INC.					
Principal Place of Business C/O HARRIS CRAMER LLP 1555 PALM BEACH LAKES BLVD., STE 310 WEST PALM BEACH, FL 33401			Mailing Address C/O HARRIS CRAMER LLP 1555 PALM BEACH LAKES BLVD., STE 310 WEST PALM BEACH, FL 33401		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CRAMER, HARRIS LLP 1555 PALM BEACH LAKES BLVD STE 310 WEST PALM BEACH, FL 33401			Name Harris Cramer LLP Street Address (P.O. Box Number is Not Acceptable) 1555 Palm Beach Lakes Blvd. Suite 310 City West Palm Beach FL Zip Code 33401		
8. 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. I am familiar with, and accept the obligations of registered agent. Harris Cramer LLP by Daryl Cramer & Associates, P.A., its Partner By: Daryl B. Cramer, President <i>[Signature]</i> 4/25/08 SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT LUCCHESI, FABRIZIO 105 WEST BEAVER CREEK #9 & 10 RICHMOND HILL, ONTARIO, CA L4B1C6	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS MYERS, WILLIAM P 105 WEST BEAVER CREEK #9 & 10 RICHMOND HILL, ONTARIO, CA L4B1C6	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied 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 trustee 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 an address with all other like empowered.					
SIGNATURE: <i>[Signature]</i> Fabrizio Lucchesi 4-22-08 (905) 882-1212 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					