

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90110 025 \*\*\*150.00

<b>DOCUMENT # P02000006143</b> 1. Entity Name <b>ATRIUM REAL ESTATE, INC.</b>			
Principal Place of Business <b>3982 BEE RIDGE RD BLDG H, UNIT L SARASOTA, FL 34233</b>		Mailing Address <b>3982 BEE RIDGE RD BLDG H, UNIT L SARASOTA, FL 34233</b>	
2. Principal Place of Business - No P.O. Box # <b>4454 ASCOT CIR N</b>		3. Mailing Address <b>4454 ASCOT CIR, N</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>SARASOTA, FL</b>		City & State <b>SARASOTA, FL</b>	
Zip <b>34235</b>		Zip <b>34235</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>03-0379758</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>FELDMAN, MARC H 3908 26TH STREET WEST BRADENTON, FL 34205</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. SIGNATURE: <u><i>Ralph G. Curry Pres</i></u> <u><i>Ralph G. Curry</i></u> <u><i>1/15/07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>CURRY, RALPH G</b> <b>4454 ASCOT CIRCLE N.</b> <b>SARASOTA, FL 34235</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <b>P/S</b> <b>CURRY RALPH G</b> <b>4454 ASCOT CIR, N</b> <b>SARASOTA, FL 34235</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>CURRY, EDWARD T</b> <b>4447 ASCOT CIRCLE S.</b> <b>SARASOTA, FL 34235</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Ralph G. Curry Pres</i></u> <u><i>Ralph G. Curry</i></u> <u><i>1/15/07</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u><i>941.705.4600</i></u> <small>Daytime Phone #</small>	