2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2006
Secretary of State

DOCUMENT# P02000062173

Entity Name: ATLANTIC CAPITAL ASSOCIATES, INC.

Current Principal Place of Business:

2570 ATLANTIC BLVD, STE 1
JACKSONVILLE, FL 32207

New Principal Place of Business:

9140 GOLFSIDE DR
#13N
JACKSONVILLE, FL 32256

Current Mailing Address:

2570 ATLANTIC BLVD, STE 1
JACKSONVILLE, FL 32207

New Mailing Address:

9140 GOLFSIDE DR
#13N
JACKSONVILLE, FL 32256

FEI Number: 46-0482078 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARTER, D. MICHAEL
2570 ATLANTIC BLVD, STE 1
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

CARTER, D. MICHAEL
9140 GOLFSIDE DR
#13N
JACKSONVILLE, FL 32256 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: 01/11/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: CARTER, D. MICHAEL
Address: 2570 ATLANTIC BLVD, STE 1
City-St-Zip: JACKSONVILLE, FL 32207

Title: DVS ( ) Delete
Name: VOCKELL, STEVEN
Address: 2570 ATLANTIC BLVD, STE 1
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: CARTER, D. MICHAEL
Address: 9140 GOLFSIDE DR #13N
City-St-Zip: JACKSONVILLE, FL 32256

Title: DVS (X) Change ( ) Addition
Name: VOCKELL, STEVEN
Address: 9140 GOLFSIDE DR #13N
City-St-Zip: JACKSONVILLE, FL 32256

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: D MICHAEL CARTER DPT 01/11/2006
Electronic Signature of Signing Officer or Director — Date