


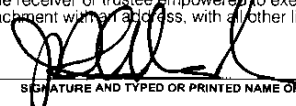
**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90030 002 \*\*\*158.75

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| <b>DOCUMENT # P02000062584</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                            |                                      |                                                                                                                     |                           |          |
| 1. Entity Name<br><b>ATLANTIC BLUE GROUP, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                            |                                      |                                                                                                                     |                                                                                                            |          |
| Principal Place of Business<br><b>122 E TILLMAN AVE<br/>LAKE WALES, FL 33853</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                            |                                      | Mailing Address<br><b>P.O. BOX 1318<br/>LAKE WALES, FL 33859-1318</b>                                               |                                                                                                            |          |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                            | 3. Mailing Address                   |                                                                                                                     |                                                                                                            |          |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            | Suite, Apt. #, etc.                  |                                                                                                                     |                                                                                                            |          |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            | City & State                         |                                                                                                                     | 4. FEI Number<br><b>57-1149984</b>                                                                         |          |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Country                    | Zip                                  | Country                                                                                                             | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |          |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                      |                                                                                                                     | 7. Name and Address of New Registered Agent                                                                |          |
| <b>ALEXANDER, JD<br/>122 E TILLMAN AVE<br/>LAKE WALES, FL 33853</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                                      |                                                                                                                     | Name                                                                                                       |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                      |                                                                                                                     | Street Address (P.O. Box Number is Not Acceptable)                                                         |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                      |                                                                                                                     | City                                                                                                       |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                      |                                                                                                                     | <b>FL</b>                                                                                                  | Zip Code |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            |                                      |                                                                                                                     |                                                                                                            |          |
| <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 |                                                                                                            |          |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                                      | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                               |                                                                                                            |          |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | S                          | <input type="checkbox"/> Delete      | TITLE                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                          |          |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | BUNCE, YVONNE              |                                      | NAME                                                                                                                |                                                                                                            |          |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 122 E. TILLMAN AVE.        |                                      | STREET ADDRESS                                                                                                      |                                                                                                            |          |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | LAKE WALES, FL 33853       |                                      | CITY-ST-ZIP                                                                                                         |                                                                                                            |          |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | T                          | <input type="checkbox"/> Delete      | TITLE                                                                                                               | <b>Assistant Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |          |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | O'LEARY, KEVIN             |                                      | NAME                                                                                                                |                                                                                                            |          |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 122 E. TILLMAN AVE.        |                                      | STREET ADDRESS                                                                                                      | <b>122 E. Tillman Avenue</b>                                                                               |          |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | LAKE WALES, FL 33853       |                                      | CITY-ST-ZIP                                                                                                         |                                                                                                            |          |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | DPCE                       | <input type="checkbox"/> Delete      | TITLE                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                          |          |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ALEXANDER, JD              |                                      | NAME                                                                                                                |                                                                                                            |          |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 122 E TILLMAN AVE          |                                      | STREET ADDRESS                                                                                                      |                                                                                                            |          |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | LAKE WALES, FL 33853       |                                      | CITY-ST-ZIP                                                                                                         |                                                                                                            |          |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | D                          | <input type="checkbox"/> Delete      | TITLE                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                          |          |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MATTESON, BYRON G          |                                      | NAME                                                                                                                |                                                                                                            |          |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 122 E TILLMAN AVE          |                                      | STREET ADDRESS                                                                                                      |                                                                                                            |          |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | LAKE WALES, FL 33853       |                                      | CITY-ST-ZIP                                                                                                         |                                                                                                            |          |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | D                          | <input type="checkbox"/> Delete      | TITLE                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                          |          |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | LINNAN, NANCY              |                                      | NAME                                                                                                                |                                                                                                            |          |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 215 SOUTH MONROE STREET    |                                      | STREET ADDRESS                                                                                                      |                                                                                                            |          |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TALLAHASSEE, FL 32301      |                                      | CITY-ST-ZIP                                                                                                         |                                                                                                            |          |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | D                          | <input type="checkbox"/> Delete      | TITLE                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                          |          |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | VIGUET, ROBERT             |                                      | NAME                                                                                                                |                                                                                                            |          |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 333 CLAY STREET SUITE 3300 |                                      | STREET ADDRESS                                                                                                      |                                                                                                            |          |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | HOUSTON, TX 77002          |                                      | CITY-ST-ZIP                                                                                                         |                                                                                                            |          |
| 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 another like empowered. |                            |                                      |                                                                                                                     |                                                                                                            |          |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            | President & CEO JD Alexander 1-25-07 |                                                                                                                     | 863 679 9595                                                                                               |          |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                            | Date                                 |                                                                                                                     | Daytime Phone #                                                                                            |          |