

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 14, 2006 8:00 am
Secretary of State

02-16-2006 90048 036 ***150.00

DOCUMENT # P02000072295 1. Entity Name ATLAS ACTION INCORPORATION			
Principal Place of Business 26949 CROISE DR BONITA SPRINGS FL 34135 US		Mailing Address 26949 CROISE DR BONITA SPRINGS FL 34135 US	
2. Principal Place of Business 27041 Pine Trail et Suite, Apt. #, etc. Bonita Springs Fla City & State		3. Mailing Address 27041 Pine Trail et Suite, Apt. #, etc. Bonita Springs City & State Fla	
Zip 34135	Country Lee	Zip 34135	Country Lee
4. FEI Number 30-0103735		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIAZ, SONIA 26949 CROISE DR. NAPLES FL 34135		7. Name and Address of New Registered Agent Name ATLAS ACTION. Street Address (P.O. Box Number is Not Acceptable) 27041 Pine Trail et. City Bonita Springs FL Zip Code 34135	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when non-stating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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 P NAME DIAZ, SONIA STREET ADDRESS 26949 CROISE DR. CITY- ST- ZIP NAPLES FL 34135	<input checked="" type="checkbox"/> Delete CHANGE ADD.	TITLE DIAZ Sonia NAME DIAZ Sonia STREET ADDRESS 27041 Pine Trail et. CITY- ST- ZIP Bonita Springs Fla 34135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME DIAZ, PEDRO STREET ADDRESS 26949 CROISE DR. CITY- ST- ZIP NAPLES FL 34135	<input checked="" type="checkbox"/> Delete	TITLE Pedro Diaz NAME Pedro Diaz STREET ADDRESS 27041 Pine Trail et CITY- ST- ZIP Bonita Springs Fla	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____	<input type="checkbox"/> Delete	TITLE Bonita Springs Fla NAME _____ STREET ADDRESS _____ CITY- ST- ZIP 34135	<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 Section 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: Jamir Diaz <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date Feb 4/2006 1234/2934578 <small>Date</small>	



ATTACHMENT

66005047

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2006

ATLAS ACTION INCORPORATION
27041 PINE TR CT
BONITA SPRINGS, FL 34135 US

Subject: ATLAS ACTION INCORPORATION

Reference Number: P02000072295

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE

ANNUAL REPORTS SECTION