2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000106156

1. Entity Name
ATMOSPHERE CREATIONS, INC.

Principal Place of Business	Mailing Address
4392 NICOLE CIRCLE TEQUESTA, FL 33469	4392 NICOLE CIRCLE TEQUESTA, FL 33469

DO NOT WRITE IN THIS SPACE

01222007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
13-4217574	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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6. Name and Address of Current Registered Agent

FILINGS, INC.
3732 NW 16TH ST
FT LAUDERDALE, FL 33311

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IN THIS SPACE

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 _____   DATE
      Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U000000649672 03/07/07-80061-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DUNAGAN, CHARLOTTE
STREET ADDRESS	4392 NICOLE CIRCLE
CITY-ST-ZIP	JUPITER, FL 33469

TITLE	DV
NAME	ANDREWS, FRANCOISE
STREET ADDRESS	4392 NICOLE CIRCLE
CITY-ST-ZIP	JUPITER, FL 33469

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
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 all other like empowered.

SIGNATURE: _Dunagan_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #