

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000115419

FILED
Apr 19, 2007
Secretary of State

Entity Name: ATLAS PROFESSIONAL SERVICES, INC.

Current Principal Place of Business:

3000 BAYPORT DRIVE
SUITE 910
TAMPA, FL 33607 US

Current Mailing Address:

PO BOX 24567
TAMPA, FL 33623 US

New Principal Place of Business:

5100 W. KENNEDY BLVD.
SUITE 453
TAMPA, FL 33609 US

New Mailing Address:

5100 W. KENNEDY BLVD.
SUITE 453
TAMPA, FL 33609 US

FEI Number: 04-3719038

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAREY, MICHAEL
712 S. OREGON AVENUE
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ZOLKOS, GREGORY A
Address: PO BOX 24567
City-St-Zip: TAMPA, FL 33623

Title: D () Delete
Name: STANTON, JOHN D
Address: PO BOX 24567
City-St-Zip: TAMPA, FL 33623

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ZOLKOS, GREGORY A
Address: 5100 W. KENNEDY BLVD., STE 453
City-St-Zip: TAMPA, FL 33609

Title: D (X) Change () Addition
Name: STANTON, JOHN D
Address: 5100 W. KENNEDY BLVD., STE 453
City-St-Zip: TAMPA, FL 33609

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: GREGORY A. ZOLKOS

D

04/19/2007

Electronic Signature of Signing Officer or Director

Date