2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P02000129622

1. Entity Name ATLANTIC AVENUE MANAGEMENT CORPORATION

Principal Place of Business

1001 E ATLANTIC AVE.

STE. 202 DELRAY BEACH, FL 33483 Mailing Address

1001 E ATLANTIÇ AVE.

STE. 202

DELRAY BEACH, FL 33483

FILED Feb 09, 2006 08:00 AM Secretary of State



DO NOT WRITE IN TH	IIS SP	'ACE
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01182008	No Cha-P	CR2E034 (11/05)	

4. FEI Number 52-2388416 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION EL 33324

DO NOT WRITE

· ·			IN THIS SPACE		
	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	office ar r	egistered agent, or bo	oth, in the State of Florida. I am lamiliar with, and accept
SIGNATURE	Signature, byped or printed name of registered agent and title is	f applicable. (NOTE: Registered A	deur signature	e required when reinstaning)	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ing 🗆	\$5.00 May Be Added to Fees	U00000427632 02/21/06-80015-025 150.00
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALSH, MARK 1001 E ATLANTIC AVE., STE. 202 DELRAY BEACH, FL 33483				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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TITLE					

12. Thereby certify that the information supplied with this filling 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 cath; 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:

STREET ADDRESS CITY-ST-ZIP