2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000147578

Name:

Address:

City-St-Zip:

HULS, RALPH

9620 171ST ROAD NORTH

JUPITER, FL 33478

FILED Jan 22, 2009 Secretary of State

				,	
Entity Nan	ne: ATLAN	NTIC COASTAL ENGINEERING,	INC.		
Current Principal Place of Business:			New Principal Pl	ace of Business:	
1321 SE DECKER AVENUE STUART, FL 34994					
Current Mailing Address:			New Mailing Add	New Mailing Address:	
PO BOX 30 STUART, F					
FEI Number:	90-0133967	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Addre	Name and Address of New Registered Agent:	
PERRY, STEVEN L 2400 SE FEDERAL HIGHWAY FOURTH FLOOR STUART, FL 34994 US			FOURTH FLOOR	2400 SÉ FEDERAL HIGHWAY	
The above in the State		ity submits this statement for the	ourpose of changing its regis	tered office or registered agent, or both,	
SIGNATURE: RENE S. IOSCO				01/22/2009	
	Elect	ronic Signature of Registered Ag	ent	Date	
Election Can	npaign Finan	cing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:		()Delete , DAVID H SR. IID BAY DRIVE , FL 34990	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	2161 MIDT	()Delete , RAYMOND M DWN LANE JCIE, FL 34952	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	SEC	() Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: DAVID H. CORRIGAN, SR. PRES 01/22/2009