2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000024363

Entity Name: ATLAS SOLUTIONS, INC.

BRADENTON, FL 34203

City-St-Zip:

FILED Jan 14, 2009 Secretary of State

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Current Principal Place of Business:			New Principal Pl	New Principal Place of Business:	
6225 21ST STREET EAST SUITE C BRADENTON, FL 34203			SUITE C	6225 21ST STREET EAST SUITE C BRADENTON, FL 34203	
Current Mailing Address:			New Mailing Add	New Mailing Address:	
6225 21ST STREET EAST SUITE C BRADENTON, FL 34203			SUITE C	6225 21ST STREET EAST SUITE C BRADENTON, FL 34203	
FEI Number	: 20-0696406	FEI Number Applied For()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addre	Name and Address of New Registered Agent:	
SHINN, STEVEN 6225 21ST STREET EAST SUITE C BRADENTON, FL 34203 US			6225 21ST STREE SUITE C	MANN, JOHN D MR. 6225 21ST STREET EAST SUITE C BRADENTON, FL 34203 US	
The above in the State	e named entity sub e of Florida.	omits this statement for the p	urpose of changing its regis	tered office or registered agent, or both,	
SIGNATURE: JOHN D. MANN				01/14/2009	
	Electronic	Signature of Registered Age	nt	Date	
Election Car	mpaign Financing T	rust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	S/D () De WAYBRIGHT, JAC 6225 21ST STREE BRADENTON, FL	K T EAST SUITE C	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T/D () De SHINN, STEVEN 6225 21ST STREE BRADENTON, FL	T EAST SUITE C	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P/D () De MANN, JOHN D 6225 21ST STREE BRADENTON, FL	T EAST SUITE C	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	VP/D () De FAGAN, PAUL J 6225 21ST STREE		Title: Name: Address:	() 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.

City-St-Zip:

SIGNATURE: JOHN D. MANN PRES 01/14/2009