

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000026800

FILED
Jan 29, 2005
Secretary of State

Entity Name: ATCEE, INC.

Current Principal Place of Business:

1901 BERMUDA CIRCLE
J-4
COCONUT CREEK, FL 33066 US

New Principal Place of Business:

Current Mailing Address:

1901 BERMUDA CIRCLE
J-4
COCONUT CREEK, FL 33066 US

New Mailing Address:

FEI Number: 20-2242926 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAUFMAN, LYNNE
1901 BERMUDA CIRCLE
J-4
COCONUT CREEK, FL 33066 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: P () Delete
Name: KAUFMAN, LYNNE
Address: 1901 BERMUDA CIRCLE, J-4
City-St-Zip: COCONUT CREEK, FL 33066 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CFO (X) Change () Addition
Name: KAUFMAN, LYNNE
Address: 1901 BERMUDA CIRCLE, J-4
City-St-Zip: COCONUT CREEK, FL 33066 US

Title: CEO () Change (X) Addition
Name: LUKA, ELLIOT G
Address: 5240 SW 40TH TERRACE
City-St-Zip: DAVIE, FL 33314 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LYNNE KAUFMAN

CFO

01/29/2005

Electronic Signature of Signing Officer or Director

_____ Date