

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000065010

FILED
Jan 24, 2007
Secretary of State

Entity Name: ATLAS GROUP LENDING AND FINANCIAL CORP.

Current Principal Place of Business:

5426 SW 21ST PL.
CAPE CORAL, FL 33914

New Principal Place of Business:

615 CAPE CORAL PKY. W.
104
CAPE CORAL, FL 33914 US

Current Mailing Address:

5426 SW 21ST PL.
CAPE CORAL, FL 33914

New Mailing Address:

2118 EL DORADO PKY. W.
CAPE CORAL, FL 33914 US

FEI Number: 75-3153224

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLASSETTI, ARMOND P
5426 SW 21ST PL.
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

CLASSETTI, ARMOND P
2118 EL DORADO PKY. W.
CAPE CORAL, FL 33914 US

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:

01/24/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: CLASSETTI, ARMONO
Address: 5426 SW 21 PL
City-St-Zip: CAPE CORAL, FL 33914

Title: VPS () Delete
Name: CLASSETTI, CHRISTIAN
Address: 1621 SW 19 LN
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: CLASSETTI, ARMONDO
Address: 2118 EL DORADO PKY. W.
City-St-Zip: CAPE CORAL, FL 33914

Title: VPS (X) Change () Addition
Name: CLASSETTI, CHRISTIAN
Address: 2253 CAPE HEATHER CIRCLE
City-St-Zip: CAPE CORAL, FL 33991

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: ARMONDO CLASSETTI

PT

01/24/2007

Electronic Signature of Signing Officer or Director

Date