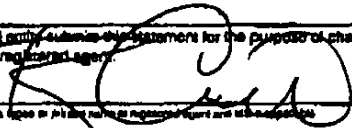
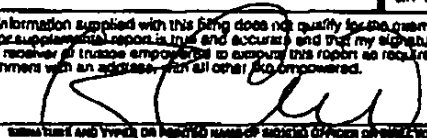


5/2 **FILED**
May 31, 2005 8:00 am
Secretary of State

05-02-2005 90562 034 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000097041			
1. Entity Name ATLANTIC SCREENS INC.			
Principal Place of Business 358 HOLLY DR W PALM BEACH, FL 33415		Mailing Address 358 HOLLY DR W PALM BEACH, FL 33415	
2. Principal Place of Business		3. Mailing Address	
Subs. Apt. #, etc.		Subs. Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent CRILL, ROBERT 358 HOLLY DR W PALM BEACH, FL 33415		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: 4/28/05 (Signature type in printing name of registered agent and address of agent) (NOTE: Registered agent signature required when removing)			
FILE MONTHLY FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		8. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Paid	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P CRILL, ROBERT 358 HOLLY DR W PALM BEACH, FL 33415 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statute. I further certify that the information indicated on this report of supplemental reports is true and accurate and that my 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 807, Florida Statute; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address for all other persons empowered.			
SIGNATURE:  DATE: 4/28/05 (Signature type in printing name of registered agent and address of agent)		Date Office Address	