

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90156 041 ***150.00

DOCUMENT # P04000147454

1. Entity Name
ATLANTIS CAPITAL INVESTMENTS INC.



Principal Place of Business
**201 PARK PLACE, SUITE 206
ALTAMONTE SPRINGS, FL 32701**

Mailing Address
**201 PARK PLACE, SUITE 206
ALTAMONTE SPRINGS, FL 32701**

40064934



2. Principal Place of Business
505 Matilda Place
Suite, Apt. #, etc.

3. Mailing Address
Atlantis Capital Investments
Suite, Apt. #, etc.
P.O. Box 181673

02022006 Chg-P CR2E034 (11/05)

City & State
Longwood, FL
Zip
32750 Country
Seminole

City & State
Cassdberry FL
Zip
32718-1673 Country
Seminole

4. FEI Number
38-3711879 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CONNER, CHRIS
201 PARK PLACE
SUITE 206
ALTAMONTE SPRINGS, FL 32701**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME **D CONNER, CHRIS** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP **201 PARK PLACE, SUITE 206
ALTAMONTE SPRINGS, FL 32701**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **same** ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP **same
505 Matilda Place
Longwood FL 32750**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Chris Conner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 2006 321-303-7302

Date

Daytime Phone #