


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90082 007 ***150.00

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| DOCUMENT # P04000159442 |  |
| 1. Entity Name ATLANTIC LASER CONCEPT, INC. | |

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| Principal Place of Business 5000 NORTH OCEAN BLVD., Q-208 BRINY BREEZE, FL 33435 | Mailing Address 5000 NORTH OCEAN BLVD., Q-208 BRINY BREEZE, FL 33435 |
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03042005 Chg-P CR2E034 (10/03)

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| 2. Principal Place of Business 2 Grange Place Suite, Apt. #, etc. | 3. Mailing Address 2 Grange Place Suite, Apt. #, etc. |
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| City & State Boynton Beach FL | City & State Boynton Beach FL |
| Zip 33426 | Zip 33426 |
| Country USA | Country USA |

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| 4. FEI Number 20-1922347 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent MCCONVILLE, VERONICA 5000 NORTH OCEAN BLVD., Q-208 BRINY BREEZE, FL 33435 | |
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| 7. Name and Address of New Registered Agent | |
| Name McConville, Veronica | |
| Street Address (P.O. Box Number is Not Acceptable) 2 Grange Place | |
| City Boynton Beach FL | Zip Code 33426 |

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| 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 <i>Veronica McConville</i> | Veronica McConville 3/16/05 |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DOMBROSKI, MARK 5000 NORTH OCEAN BLVD., Q-208 BRINY BREEZE, FL 33435 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/V Dombroski mark 27 Oceanview Drive Ocean Ridge FL 33435 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCCONVILLE, VERONICA 5000 NORTH OCEAN BLVD., Q-208 BRINY BREEZE, FL 33435 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T/S McConville, Veronica 2 Grange Place Boynton Beach FL 33426 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Veronica McConville</i> | Veronica McConville 3/16/05 (561) 642-6050 |