

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-21-2005 90082 011 ***150.00

DOCUMENT # P04000159445 1. Entity Name ATLANTIC ADVERTISING, INC.			
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	
2. Principal Place of Business 7255 Federal Hwy <small>Suite, Apt. #, etc.</small>		3. Mailing Address 2 Grange Place <small>Suite, Apt. #, etc.</small>	
City & State Boynton Beach FL <small>Zip Country</small> 33435 USA		City & State Boynton Beach FL <small>Zip Country</small> 33426 USA	
4. FEI Number 201922325		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Barcode 	
6. Name and Address of Current Registered Agent MCCONVILLE, VERONICA 5000 NORTH OCEAN BLVD., Q-208 BRINY BREEZE, FL 33435		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	
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 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOMBROSKI, MARK <input type="checkbox"/> Delete 5000 NORTH OCEAN BLVD., Q-208 BRINY BREEZE, FL 33435	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/V Dombroski, mark <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 27 Oceanview Drive Ocean Ridge, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCONVILLE, VERONICA <input type="checkbox"/> Delete 5000 NORTH OCEAN BLVD., Q-208 BRINY BREEZE, FL 33435	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S McConville, Veronica <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2 Grange Place Boynton Beach FL 33426
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
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
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
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
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 (S/L) 412-1050 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			