## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 01, 2008 8:00 am Secretary of State

30/08

Daytime Phone #

1272 SW 38TH AVE FT LAUDERDALE, FL 33312  1272 SW 38TH AVE FT LAUDERDALE, FL 33312  1272 SW 38TH AVE FT LAUDERDALE, FL 33312  04302008 No Chg-P CR2E034 (11/05)  1272 SW 38TH AVE FT LAUDERDALE, FL 33312	DOCUMENT # P05000055337  1. Entity Name ATLANTIS YACHT WINDOWS, INC.  Principal Place of Business Mailing Address	05-01-2008 90250 024 ***1 40uy1///	50.00	
DO NOT WRITE IN THIS SPACE    04302008   No Chg-P   CR2E034 (11/05)	1272 SW 38TH AVE 1272 SW 38TH AVE	12	IDCEDI IN IDDI	
13-4296367 Not Appl  5. Certificate of Status Desired \$8.75 Additional Fee Required  6. Name and Address of Current Registered Agent  SAMUELS, HARRY M 2901 STIRLING ROAD SUITE 307. FT LAUDERDALE, FL 33312  IN THIS SPACE  8. The above named Britity 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 at the obligations of registered agent.  SIGNATURIE  Strature flyinger or printed name of registered agent and title if applicable.  HADIE: Registered Agent signature required when reinstating)  DATE		04302008 No Chg-P CR2E034 (11/05)		
6. Name and Address of Current Registered Agent  SAMUELS, HARRY M 2901 STIRLING ROAD SUITE 307. FT LAUDERDALE, FL 33312  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 at the obligations of registered agent.  SIGNATURE  S	DO NOT WRITE IN THIS SPA	13-4296367 N	pplied For ot Applicable	
SAMUELS, HARRY M 2901 STIRLING ROAD SUITE 307. FT LAUDERDALE, FL 33312  8. The above named antity 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 at the obligations of 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 at the obligations of 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 at the obligations of 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 at the obligations of entity submits this statement for the purpose of changing its registered Agent signature required when reinstating)  DATE	6 News and Address of Course Production of Assets	5. Certificate of Status Desired Fee Require	3d	
SIGNATURE Strature frequency or printed name of registered agent and title if applicable.  NOTE: Registered Agent signature required when reinstating)  DATE	SAMUELS, HARRY M 2901 STIRLING ROAD SUITE 307. FT LAUDERDALE FL 33312	IN THIS SPACE		
	SIGNATURE 1/30/08			
FILE NOW!!! FEE S \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees	Schature/typed or printed name of repistered agent and title if applicable. (NOIE: Registere	ggstered Agent signature required when reinstating)  DATE  DATE		
	After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.			
OFFICERS AND DIRECTORS  TITLE NAME STREET ADDRESS CITY-ST-ZIP  DO NOT WRITE	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	DO NOT WRITE		
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STREET ADDRESS CITY-ST-ZIP  ITILE  NAME 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 does not only the contained on this report or supplemental report is five and accurate approach at my signature strain have the same legal effect as if made under oath; that I am an officer or direction or the receiver or trustee suppowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with an address, with all out of like empowered.	CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP	ne exemptions contained in Chapter 119, Florida Statutes, I further certify that the isignature and have the same legal effect as if made under oath; that I am an officer	information r or director r Block 11 if	