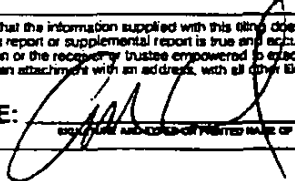


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2006 8:00 am
Secretary of State

05-02-2006 90223 004 ***150.00

DOCUMENT # P05000094849			
1. Entity Name AMICO ATLANTIC HOLDINGS, INC.			
Principal Place of Business 2123 N.E. COACHMAN ROAD SUITE A CLEARWATER, FL 33765 US		Mailing Address 2123 N.E. COACHMAN ROAD SUITE A CLEARWATER, FL 33765 US	
2. Principal Place of Business 14001-63rd Way North		3. Mailing Address 14001-63rd Way N.	
City & State Clearwater FL		City & State Clearwater FL	
Zip 33760		Zip 33760	
Country USA		Country USA	
4. FEI Number 20-4476949		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LITTLE, THOMAS C 2123 N.E. COACHMAN ROAD SUITE A CLEARWATER, FL 33765		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ (NOTE: Registered Agent signature required when re-appointing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$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	☐ Delete ANTHONY N. AMICO JR 14001-63rd Way North Clearwater FL 33760	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete DAVID GIORGIONE 14001-63rd Way North Clearwater FL 33760	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete THOMAS GARNNEY 14001-63rd Way N. Clearwater FL 33760	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
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 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 recovery 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 copies like empowered.			
SIGNATURE: 		Date: 1/16/06 727-538-267	