2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000149224

Entity Name: ATRIUM CENTRE, INC.

Name:

Address: City-St-Zip: MARCUS, KRYSTAL

AVENTURA, FL 33180

18901 NE 29TH AVE. SUITE 101

FILED May 01, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5301 N. FEDERAL HIGHWAY SUITE 150 BOCA RATON, FL 33487 **Current Mailing Address: New Mailing Address:** 5301 N. FEDERAL HIGHWAY SUITE 150 BOCA RATON, FL 33487 FEI Number: 90-0247249 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEHMAN, JONATHAN H JHL REGISTERED AGENT, LLC 5301 N. FEDERAL HIGHWAY 5301 N. FEDERAL HIGHWAY SUITE 150 SUITE 150 BOCA RATON, FL 33487 US BOCA RATON, FL 33487 US 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. SIGNATURE: JONATHAN H. LEHMAN 05/01/2008 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition LEHMAN, JERRY Name: Name: 5301 N. FEDERAL HIGHWAY, SUITE 150 Address: Address: City-St-Zip: BOCA RATON, FL 33487 City-St-Zip: VΡ (X) Delete Title: Title: () Change () Addition Name: STRAUSS, KENNETH J Name: 515 EAST LAS OLAS BLVD., 15TH FLOOR Address: Address: FT. LAUDERDALE, FL 33301 City-St-Zip: City-St-Zip: Title: Title: VΡ (X) Delete () Change () Addition VEGSO, PETER Name: Name: 3608 CARLTON PLACE Address: Address: City-St-Zip: BOCA RATON, FL 33496 City-St-Zip: Title: VΡ (X) Delete Title: () Change () Addition PERLOW, JEFFREY M Name: Name: Address: 18901 NE 29TH AVE. SUITE 100 Address: City-St-Zip: AVENTURA, FL 33180 City-St-Zip: Title: (X) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JERRY LEHMAN P 05/01/2008