

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000153683

FILED
May 22, 2007
Secretary of State

Entity Name: ATLANTIC RESTORATION COUNCIL, INC.

Current Principal Place of Business:

2515 OAK STREET
JACKSONVILLE, FL 32204 US

New Principal Place of Business:

233 E. BAY STREET
SUITE 920
JACKSONVILLE, FL 32202 US

Current Mailing Address:

2515 OAK STREET
JACKSONVILLE, FL 32204 US

New Mailing Address:

233 E. BAY STREET
SUITE 920
JACKSONVILLE, FL 32202 US

FEI Number: 20-8173392

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STORY, MAX
233 E. BAY STREET, STE. 920
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: STORY, MAX
Address: 2515 OAK STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: T () Delete
Name: STORY, NICOLE
Address: 2515 OAK STREET
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STORY, MAX
Address: 233 E. BAY STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: STVP (X) Change () Addition
Name: STORY, NICOLE
Address: 233 E. BAY STREET
City-St-Zip: JACKSONVILLE, FL 32202

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.

SIGNATURE: MAX STORY

P

05/22/2007

Electronic Signature of Signing Officer or Director

Date