

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90097 018 ***150.00

DOCUMENT # P06000004733

1. Entity Name
ATLANTIC COAST CONTRACTING, INC.



Principal Place of Business
**4856 NW 53 CIRCLE
 COCONUT CREEK, FL 33073**

Mailing Address
**4856 NW 53 CIRCLE
 COCONUT CREEK, FL 33073**

2. Principal Place of Business - No P.O. Box #
397 N.E. 2ND AVE

3. Mailing Address
397 N.E. 2ND AVE

Suite, Apt. #, etc.

City & State
HALLANDALE, FL


City & State
HALLANDALE, FL

Zip
33009

Country
U.S.A.

Zip
33009

Country
U.S.A.



01242007 Chg-P CR2E034 (12/06)

4. FEI Number
20-4102583

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**THE FLORIDA INCORPORATING COMPANY
 1203 GOVERNORS SQUARE BLVD.
 STE 101
 TALLAHASSEE, FL 32301-2960**

7. Name and Address of New Registered Agent

Name
ADRIAN BIAS

Street Address (P.O. Box Number is Not Acceptable)
397 N.E. 2ND AVE

City
HALLANDALE **FL** Zip Code **33009**

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 **ADRIAN BIAS** DATE **01/24/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WELBES, TIMOTHY R	
STREET ADDRESS	4856 NW 53 CIRCLE	
CITY-ST-ZIP	COCONUT CREEK, FL 33073	
TITLE	D	<input type="checkbox"/> Delete
NAME	BIAS, ADRIAN	
STREET ADDRESS	600 THREE ISLANDS BLVD APT 405	
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P/T/S BIAS, ADRIAN	
STREET ADDRESS	600 THREE ISLANDS BLVD. APT. 405	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 indicated on this report or supplemental reports 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: **ADRIAN BIAS** DATE **01/24/07** (987) 600-0446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #