

# **2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000021986

Entity Name: ATLAS DESIGN GROUP, INC.

**FILED**  
**Jul 22, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

50 LEANNI WAY  
SUITE B4  
PALM COAST, FL 32137

**New Principal Place of Business:**

**Current Mailing Address:**

50 LEANNI WAY  
SUITE B4  
PALM COAST, FL 32137

**New Mailing Address:**

FEI Number: 20-4370394

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WIMPEE, CURTIS M  
50 LEANNI WAY  
SUITE B4  
PALM COAST, FL 32137 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: DP ( ) Delete  
Name: WIMPEE, CURTIS M  
Address: 50 LEANNI WAY, SUITE B4  
City-St-Zip: PALM COAST, FL 32137

Title: ST (X) Delete  
Name: MANNING, BOBBIE JO  
Address: 50 LEANNI WAY, SUITE B4  
City-St-Zip: PALM COAST, FL 32137

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CURTIS M WIMPEE

DP

07/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date