2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000099678

Entity Name: FIRSTATLANTIC FINANCIAL HOLDINGS, INC.

FILED Apr 24, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 784 CRESTWOOD DRIVE 4500 SALISBURY ROAD ST. AUGUSTINE, FL 32086 SUITE 490 JACKSONVILLE, FL 32216 **Current Mailing Address: New Mailing Address:** 784 CRESTWOOD DRIVE P.O. BOX 550700 ST. AUGUSTINE, FL 32086 JACKSONVILLE, FL 32255-07 00 FEI Number: 20-5417166 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: CAPITOL CORPORATE SERVICES, INC. 155 OFFICE PLAZA DR. SUITE A TALLAHASSEE, FL 32301 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change (X) Addition JOHNSON, JEFFERY W Name: Name: 297 ST. JOHN'S GOLF DRIVE Address: Address: City-St-Zip: City-St-Zip: ST. AUGUSTINE, FL 32092 US Title: () Change (X) Addition Title: () Delete PRES Name: Name: WHITE, THOMAS M 784 CRESTWOOD DRIVE Address: Address: ST. AUGUSTINE, FL 32086 US City-St-Zip: City-St-Zip: () Change (X) Addition Title: () Delete Title: CFO WATSON, JOHN B Name: Name: 1699 BISHOP ESTATES ROAD Address Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32259 US Title: () Delete Title: CFO () Change (X) Addition AYERS, TIMOTHY S Name: Name: Address: Address: 2743 LONG BOAT DRIVE City-St-Zip: City-St-Zip: FERNANDINA BEACH, FL 32034 US Title: Title: () Change (X) Addition () Delete Name: Name: JOHNSON, STEPHEN Address: 3650 MANSELL ROAD SUITE 495 Address: City-St-Zip: City-St-Zip: ALPHARETTA, GA 30022 US Title: () Delete Title: () Change (X) Addition Name: Name: SAPP, NORMAN 4425 US 1 SOUTH UNIT 103 Address: Address: City-St-Zip: City-St-Zip: ST. AUGUSTINE, FL 32036

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: TIMOTHY AYERS CFO 04/24/2007