2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000099678

Entity Name: FIRSTATLANTIC FINANCIAL HOLDINGS, INC.

FILED Mar 31, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
4500 SALISBURY ROAD SUITE 490 JACKSONVILLE, FL 32216					
Current Mailing Address:			New Mailing Address:		
P.O. BOX 5 JACKSONV	50700 (ILLE, FL 32255	5 00			
FEI Number: 2	20-5417166	FEI Number Applied For () FEI Nun	nber Not Applic	cable () 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: Name: Address: City-St-Zip:	CEO () DO HUNT, MITCHELL 13846 ATLANTIC JACKSONVILLE, I	W JR BLVD. #212	Title: Name: Address: City-St-Zip:	CEO (X) Change () Addition HUNT, MITCHELL W JR 14402 MARINA SAN PABLO PL #501 JACKSONVILLE, FL 32224 US	
Title: Name: Address: City-St-Zip:	EVP () DOWNITE, THOMAS 784 CRESTWOOD SAINT AUGUSTIN	M D DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	EVP () DOWNTSON, JOHN B 1699 BISHOP EST JACKSONVILLE, I	3 TATES RD.	Title: Name: Address: City-St-Zip:	CFO (X) Change () Addition AYERS, TIMOTHY S 2743 LONG BOAT DRIVE FERNANDINA BEACH, FL 32034 US	
Title: Name: Address: City-St-Zip:	CFO () DO AYERS, TIMOTHY 2743 LONG BOAT FERNANDINA BEA	'S	Title: Name: Address: City-St-Zip:	DIRE (X) Change () Addition BONEY, WALTER T 7931 VINEYARD LAKE ROAD N JACKSONVILLE, FL 32256 US	
Title: Name: Address: City-St-Zip:	COB () DO BENNETT, RODNI 855 SOUTH CRES HOMELAND, GA	EY SNUT STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DIRE () DO SAPP, NORMAN 4425 US 1 SOUTH ST. AUGUSTINE, I	UNIT 103	Title: Name: Address: City-St-Zip:	() 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.

SIGNATURE: TIMOTHY AYERS CFO 03/31/2009