

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2007 8:00 am**  
**Secretary of State**

03-22-2007 90009 024 \*\*\*150.00

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01182007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P06000122343</b> 1. Entity Name <b>ATLAS REAL ESTATE SERVICES, INC.</b>					
Principal Place of Business <b>8921 COCHISE LANE</b> <b>PORT RICHEY, FL 34668 US</b>			Mailing Address <b>8921 COCHISE LANE</b> <b>PORT RICHEY, FL 34668 US</b>		
2. Principal Place of Business - No P.O. Box # <b>15215 U.S. Hwy 19</b>		3. Mailing Address <b>15215 U.S. Hwy 19</b>			
Suite, Apt. #, etc. <b>Suite D</b>		Suite, Apt. #, etc. <b>Suite D</b>			
City & State <b>Hudson, FL</b>		City & State <b>Hudson, FL</b>			
Zip <b>34667</b>		Country <b>USA</b>		Zip <b>34667</b>	
Country <b>USA</b>		4. FEI Number <b>20-5630717</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>DEL VECCHIO, FRANK</b> <b>8921 COCHISE LANE</b> <b>PORT RICHEY, FL 34668</b>			7. Name and Address of New Registered Agent Name <b>FRANK DELVECCHIO</b> Street Address (P.O. Box Number is Not Acceptable) <b>15215 U.S. Hwy 19 Suite D</b> City <b>Hudson</b> <b>FL</b> Zip Code <b>34667</b>		
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 <b>FRANK DELVECCHIO</b> <b>3/19/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>P</b> NAME <b>DEL VECCHIO, FRANK</b> STREET ADDRESS <b>8921 COCHISE LANE</b> CITY-ST-ZIP <b>PORT RICHEY, FL 34668</b>	<input type="checkbox"/> Delete		TITLE <b>P</b> NAME <b>FRANK DELVECCHIO</b> STREET ADDRESS <b>15215 U.S. HWY 19 Suite D</b> CITY-ST-ZIP <b>Hudson, FL 34667</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 report is 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: <b>FRANK DELVECCHIO</b>			Date <b>3/19/07</b> Daytime Phone # <b>727, 919-4263</b>		