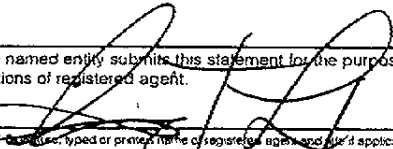
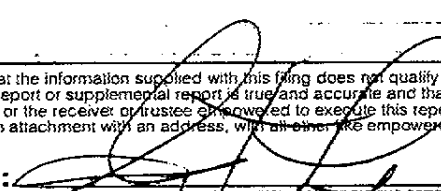


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # P38756 1. Entity Name ATLANTA DESIGN ASSOCIATES, INC.		
Principal Place of Business 3095 PRESIDENTIAL DR STE A ATLANTA, GA 30340 US		Mailing Address 3095 PRESIDENTIAL DR STE A ATLANTA, GA 30340 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		DO NOT WRITE IN THIS SPACE
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:  DATE: 3-4-04 (NOTE: Registered Agent signature required when re-registering)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		000000085675 03/11/04-80057-012 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP KIRKUS, GARY 3095-A PRSDIENTIAL DR ATLANTA, GA	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCV LOWERY, GARY 3095-A PRESIDENTIAL DR ATLANTA, GA	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KIRKUS, PATRICIA 3095-A PRESIDENTIAL DR ATLANTA, GA	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STILL, DON 3095-A PRESIDENTIAL DR ATLANTA, GA	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 fees empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3-4-04 770 4513383 Date Daytime Phone #