

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000045048

FILED
Apr 27, 2008
Secretary of State

Entity Name: THE ATLAS TRAINING CORPORATION

Current Principal Place of Business:

4647 SE 17TH PLACE
206
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

4647 SE 17TH PLACE
206
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 65-0511170

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JARRETT, JAMES
4647 SE 17TH PLACE #206
CAPE CORAL, FL 33904 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JARRETT, JAMES M
Address: 1408 VENDOME CT
City-St-Zip: CAPE CORAL, FL 33904

Title: PVST () Delete
Name: JARRETT, JAMES M T
Address: 4647 SE 17TH PLACE
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JARRETT, JAMES M
Address: 4647 SE 17TH PLACE - #206
City-St-Zip: CAPE CORAL, FL 33904

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: JAMES M. T. JARRETT

PRES

04/27/2008

Electronic Signature of Signing Officer or Director

Date