
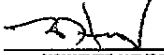


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000026434 1. Entity Name ATLANTIS ENERGY INC.		
Principal Place of Business 5960 S MILITARY TRAIL LAKE WORTH, FL 33463	Mailing Address 5960 S MILITARY TRAIL LAKE WORTH, FL 33463	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
6. Name and Address of Current Registered Agent HUQ, NIZAMUL 5901 NW 61 AVE PARKLAND, FL 33067		
<h2>DO NOT WRITE IN THIS SPACE</h2>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 </div> <div style="width: 30%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> </div> <div style="width: 30%;"> \$5.00 May Be Added to Fees </div> </div>		
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	HUQ, SYEDA A	
STREET ADDRESS	5901 NW 61 AVE	
CITY-ST-ZIP	PARKLAND, FL 33067	
TITLE	VP	
NAME	CHOWDHURY, SHAHNAZ	
STREET ADDRESS	5960 S MILITARY TRAIL	
CITY-ST-ZIP	WEST PALM BEACH, FL 33463	
TITLE	S	
NAME	CHOWDHURY, NAWSHAD	
STREET ADDRESS	10920 NORTH DANBURY WAY	
CITY-ST-ZIP	BOCA RATON, FL 33498	
TITLE	VP	
NAME	HUQ, NIZAMUL	
STREET ADDRESS	5901 NW 61 AVE.	
CITY-ST-ZIP	PARKLAND, FL 33067	
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 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:  VP		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
<div style="display: flex; justify-content: space-between;"> <div></div> <div>4-27-06</div> <div>561-901-6789</div> </div>		
<div style="display: flex; justify-content: space-between;"> <div></div> <div><small>Date</small></div> <div><small>Daytime Phone #</small></div> </div>		



04272006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0652177	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000557615
05/17/06-80057-020 150.00

**DO NOT WRITE
IN THIS SPACE**