


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000044377	
1. Entity Name ATLANTIC REAL ESTATE TRUST, INC.	

Principal Place of Business POST OFFICE BOX 2558 PALM BEACH, FL 33480-2558	Mailing Address POST OFFICE BOX 2558 PALM BEACH, FL 33480-2558
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DO NOT WRITE IN THIS SPACE



02272006	No Chg-P	CR2E034 (11/05)
4. FEI Number 65-0918807	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ZOZISLAW, CIOMEK
249 PERUVIAN AVENUE
SUITE F-5
PALM BEACH, FL 33480**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CIONEK, ZOZISLAW 249 PERUVIAN AVE. STE. F-5 PALM BEACH, FL 33480
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1000000465647
03/22/06 80046-006 150.00

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:  **3/08/06** **(861) 655-5533**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #