2005 FOR PROFIT CORPORATION

ANNUAL REPORT May 02, 2005 08:00 AM Secretary of State **DOCUMENT # S98785** 1. Entity Name ATOMIC GOLD, INC. Principal Place of Business Mailing Address 14 N.E. 1ST AVE. 14 N.E. 1ST AVE. #807 A #807A MIAMI, FL 33132 MIAMI, FL 33132 04252005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0300843 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ORTIZ, RAMON H. DO NOT WRITE 1801 SW 83 AVE MIAMI, FL 33155 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 OUTIZ MUSIN SIGNATURE agent and tile it applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution, Added to Fees 10. OFFICERS AND DIRECTORS TITLE ORTIZ, RAMON H. NAME 14 N.E. 1ST AVE. STE. 807A STREET ADDRESS MIAMI, FL CITY-ST-ZIP U00000350301 05/02/05-80123-010 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS DO NOT WRITE

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 applications, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE HANE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-\$1-ZIP

> remon ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oction.

IN THIS SPACE

FILED