

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V70773

FILED  
Apr 19, 2006  
Secretary of State

Entity Name: ATLANTIC UTILITIES ENTERPRISE, INC.

## Current Principal Place of Business:

10207 100TH STREET SOUTH  
BOYNTON BEACH, FL 33437 US

## New Principal Place of Business:

## Current Mailing Address:

10207 100TH STREET SOUTH  
BOYNTON BEACH, FL 33437 US

## New Mailing Address:

FEI Number: 65-0360334      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEBOW, PATRICIA  
ONE NORTH CLEMATIS STREET  
STE 500  
WEST PALM BEACH, FL 33401 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: DPST ( ) Delete  
Name: WOOLFSON, MARK L  
Address: 10207 100TH STREET SOUTH  
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: D ( ) Delete  
Name: WOOLFSON, STEVEN B  
Address: 10207 100TH STREET SOUTH  
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: V ( ) Delete  
Name: MATTHEWS, ANGELA  
Address: 871 SOUTH US HWY 17-92  
City-St-Zip: DEBARY, FL 32713 US

Title: V ( ) Delete  
Name: HOGWOOD, JAMES M  
Address: 15324 61ST PLACE NORTH  
City-St-Zip: LOXAHATCHEE, FL 33470 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: WOOLFSON, MARK R  
Address: 10207 100TH STREET SOUTH  
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK L WOOLFSON

DPST

04/19/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date