

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F45905

FILED  
Jan 05, 2007  
Secretary of State

Entity Name: A.D.M. VENTURES, INC.

## Current Principal Place of Business:

2230 NORTH U S HIGHWAY 301  
TAMPA, FL 33619

## New Principal Place of Business:

## Current Mailing Address:

2230 NORTH U S HIGHWAY 301  
TAMPA, FL 33619

## New Mailing Address:

FEI Number: 59-2127013

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MACKINNON, A. D.  
334 BLANCA AVENUE  
TAMPA, FL 33606 US

## Name and Address of New Registered Agent:

MACKINNON, III, A. D.  
334 BLANCA AVENUE  
TAMPA, FL 33606 US

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: A.D. MACKINNON

01/05/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: MACKINNON, III, A. D.  
Address: 2230 N US HWY 301  
City-St-Zip: TAMPA, FL 33619

Title: VP ( ) Delete  
Name: MACKINNON, IV, ALEX D  
Address: 1915 N ORANGE BLOSSOM TRAIL  
City-St-Zip: ORLANDO, FL 32804

Title: VP ( ) Delete  
Name: RAUCHMILLER, LISA  
Address: 2230 N US HWY 301  
City-St-Zip: TAMPA, FL 33619

Title: PRES ( ) Delete  
Name: CHRISTIANSEN, JOHN P  
Address: 2230 N US HWY 301  
City-St-Zip: TAMPA, FL 33619

Title: VP ( ) Delete  
Name: JACKSON, JOHN R  
Address: 6907 BROADWAY AVE  
City-St-Zip: JACKSONVILLE, FL 322542717

Title: VP ( ) Delete  
Name: NOBLES, WILLIAM F  
Address: 2230 N US HWY 301  
City-St-Zip: TAMPA, FL 33619

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: LISA RAUCHMILLER

VP

01/05/2007

Electronic Signature of Signing Officer or Director

Date