


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90210 023 ****61.25

DOCUMENT # N99000001977
 1. Entity Name
 ADOPTION ASSISTANCE SERVICES, INC.



Principal Place of Business
 125 N. 46TH AVE.
 HOLLYWOOD, FL 33021-6601

Mailing Address
 125 N. 46TH AVE.
 HOLLYWOOD, FL 33021-6601

60031004



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04242006 Chg-NP CR2E037 (11/05)

4. FEI Number
 65-0999611

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GOTTLIEB, BRUCE M ESQ.
 125 N. 46TH AVE.
 HOLLYWOOD, FL 33021-6601

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GOTTLIEB, BRUCE M 125 N 46 AVENUE HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GOTTLIEB, KAREN 125 N 46 AVENUE HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 617, 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 fee empowered.

SIGNATURE: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/25/06
 Daytime Phone #: 9549667900

ATTACHMENT

60031004
#N990000001977

Gottlieb & Gottlieb
ATTORNEYS AT LAW

A Professional Association
www.gottlielaw.com

Bruce M. Gottlieb

125 NORTH 46TH AVENUE, HOLLYWOOD, FLORIDA 33021-6601

Broward 954-966-7900

Kenneth A. Gottlieb

Dade 305-624-4777

Toll Free 800-330-7900

Fax 954-966-7905

Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

April 26, 2006

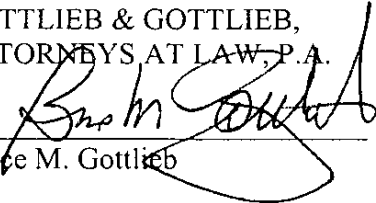
RE: Adoption Assistance Services, Inc. - 2006 Annual Report
OUR FILE NUMBER: 4254

Gentlemen:

Enclosed, for filing with the Florida Department of State, is the 2006 Annual Report for Adoption Assistance Services, Inc., together with the filing fee of \$61.25.

Very truly yours,

GOTTLIEB & GOTTLIEB,
ATTORNEYS AT LAW, P.A.


Bruce M. Gottlieb

BMG/aw
Enclosures