2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000157421

Entity Name: A D L EXPRESS INC

FILED Jan 23, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2291 SW ALMANSA AVE
ORLANDO, FL 34953 US
2291 SW ALMANSA AVE
PORT ST LUCIE, FL 34953 US

Current Mailing Address: New Mailing Address:

2291 SW ALMANSA AVE CRLANDO, FL 34953 US 2291 SW ALMANSA AVE PORT ST LUCIE, FL 34953 US

FEI Number: 20-3861197 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MAURE, AUGUSTO
2291 SW ALMANSA AVE
ORLANDO, FL 34953 US

MAURE, AUGUSTO
2291 SW ALMANSA AVE
PORT ST LUCIE, FL 34953 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: AUGUSTO MAURE 01/23/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: MAURE, AUGUSTO Name: MAURE, AUGUSTO

 Name:
 MAURE, AUGUSTO
 Name:
 MAURE, AUGUSTO

 Address:
 2291 SW ALMANSA AVE
 Address:
 2291 SW ALMANSA AVE

 City-St-Zip:
 ORLANDO, FL 34953 US
 City-St-Zip:
 PORT ST LUCIE, FL 34953 US

Title: VP () Delete Title: VP (X) Change () Addition

Name:ARAGON, LINA MName:ARAGON, LINA MAddress:2291 SW ALMANSA AVEAddress:2291 SW ALMANSA AVECity-St-Zip:ORLANDO, FL 34953 USCity-St-Zip:PORT ST LUCIE, FL 34953 US

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: LINA M ARAGON VP 01/23/2007