2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008
Secretary of State

DOCUMENT# P06000059691

Entity Name: M. ADAMS PROPERTIES INC.

Current Principal Place of Business:

510 S HIGHLAND AVENUE
CLEARWATER, FL 33756 US

New Principal Place of Business:

Current Mailing Address:

510 S HIGHLAND AVENUE
CLEARWATER, FL 33756 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADAMS, MICHAEL
510 S HIGHLAND AVENUE
CLEARWATER, FL 33756 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: P ( ) Delete
Name: ADAMS, MICHAEL DR.
Address: 501 S HIGHLAND AVENUE
City-St-Zip: CLEARWATER, FL 33756 US

Title: VP ( ) Delete
Name: ADAMS, MATTHEW
Address: 501 S HIGHLAND AVENUE
City-St-Zip: CLEARWATER, FL 33756 US

Title: TRES ( ) Delete
Name: ADAMS, HOPE
Address: 501 S HIGHLAND AVENUE
City-St-Zip: CLEARWATER, FL 33756 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ADAMS, MICHAEL DR.
Address: 510 S HIGHLAND AVENUE
City-St-Zip: CLEARWATER, FL 33756 US

Title: VP (X) Change ( ) Addition
Name: ADAMS, MATTHEW
Address: 510 S HIGHLAND AVENUE
City-St-Zip: CLEARWATER, FL 33756 US

Title: TRES (X) Change ( ) Addition
Name: ADAMS, HOPE
Address: 510 S HIGHLAND AVENUE
City-St-Zip: CLEARWATER, FL 33756 US

I hereby certify that the information supplied with this filing does not qualify 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: DR. MICHAEL P. ADAMS PRES 02/25/2008

Electronic Signature of Signing Officer or Director — Date