

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000071674

Entity Name: ADS RESPONSECORP, INC.

FILED
Apr 29, 2006
Secretary of State

Current Principal Place of Business:

6535 NOVA DRIVE
110
DAVIE, FL 33317

New Principal Place of Business:

Current Mailing Address:

6535 NOVA DRIVE
110
DAVIE, FL 33317

New Mailing Address:

FEI Number: 65-1123516

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASEY, MIKE
400 SE 12 STREET., BLDG #E
FORT LAUDERDALE, FL 33301 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: PD () Delete
Name: DOLAMORE, PHILLIP
Address: 6535 NOVA DR, 110
City-St-Zip: DAVIE, FL 33317

Title: TD () Delete
Name: BALDWIN, BYRON
Address: 6535 NOVA DR, 110
City-St-Zip: DAVIE, FL 33317

Title: SD () Delete
Name: COLLUM, RICK
Address: 1301 SW 67 AVE
City-St-Zip: PLANTATION, FL 33317

Title: D () Delete
Name: HIRSCHMAN, DAVID
Address: 2660 CASTILLA ISLE
City-St-Zip: FORT LAUDERDALE, FL 33301

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:

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: PHILLIP DOLAMORE

PD

04/29/2006

Electronic Signature of Signing Officer or Director

Date