

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jun 05, 2007  
Secretary of State**

DOCUMENT# 262724

Entity Name: ADGER-SMITH-WELLS INC

**Current Principal Place of Business:**

873 ADGER SMITH LANE  
MELBOURNE, FL 32935

**New Principal Place of Business:**

**Current Mailing Address:**

873 ADGER SMITH LANE  
MELBOURNE, FL 32935

**New Mailing Address:**

FEI Number: 59-0977911      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BRUCE, CONSTANCE N.  
873 ADGER SMITH WELLS INC.  
MELBOURNE, FL 32935      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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BRUCE, CONSTANCE N.,  
Address: 873 ADGER SMITH LN  
City-St-Zip: MELBOURNE, FL 32935

Title: S ( ) Delete  
Name: JOHNSON, ROBERT V.,  
Address: 168 SAN JUAN CIR.  
City-St-Zip: MELBOURNE, FL

Title: VD ( ) Delete  
Name: BRUCE, GEORGE A.,  
Address: 873 ADGER SMITH LN  
City-St-Zip: MELBOURNE, FL

Title: STD ( ) Delete  
Name: GARY, LISA,  
Address: 873 ADGER SMITH LN  
City-St-Zip: MELBOURNE, FL

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: S (X) Change ( ) Addition  
Name: JOHNSON, ROBERT V.,  
Address: 735 WINGFOOT LANE  
City-St-Zip: MELBOURNE, FL 32940

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

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

Title: VPD ( ) Change (X) Addition  
Name: GARY, BRADFORD L.,  
Address: 873 ADGER SMITH LANE  
City-St-Zip: MELBOURNE, FL 32935

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: LISA GARY

STD

06/05/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date