2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT #620601

ADIMAS MANAGEMENT CORP.

Principal Place of Business

ATTN: BILL WELDEN P.O. BOX 55465 BIRMINGHAM, AL 35255 Mailing Address

ATTN: BILL WELDEN P.O. 80X 55465 BIRMINGHAM, AL 35255

FILED Feb 17, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01062006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1909574

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEW SERVICES INC

2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331			IN THIS SPACE	
	named entity submits this statement for the plans of registered agent.	ourpose of changing its registered	office or registered agent, or b	oth, in the State of Florida i am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	i applicable. INOTE Registered A	gent signature required when roinstaling)	ONTE
Fil. After Ma	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution	ng \$5.00 May Be Added to Fees	
10. Hite Name Street address City-St-Zip	P WELDEN, WILLIAM B 1103 21ST STREET SOUTH BIRMINGHAM, AL 35205	OTORS		U00000438941 02/28/06-80073-004 158.75
TITLE NAME STREET ADDRESS CHY-ST-ZIP	TREA WELDEN, WILLIAM B 1103 21ST STREET SOUTH BIRMINGHAM, AL 35205			
TITLE NAME SIREET ADDRESS CITY-ST-ZIP	SEC SKELLIE, TOMMIE 2140 11TH AVENUE SOUTH, STE. 21 BIRMINGHAM, AL. 35205	0	DO	NOT WRITE

IN THIS SPACE

12. I hereby certify that the information supplied with this (fling 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 oally, that I am an officer or director of the corporation or the receiver or distington or on an attachment with an address, with all other like empowered.

William & Use Idea.

ITTLE

NAME STAFFT ADDRESS CITY-ST-ZIP DILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

(205 1933-1020