


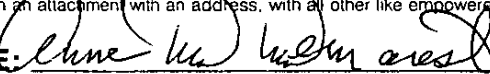
# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90029 037 \*\*\*155.00

|   |  |   |  |
|---|--|---|--|
| <b>DOCUMENT # 681273</b>  |  |    |  |
| 1. Entity Name<br><b>AD INDUSTRIES, INC.</b>  |  |   |  |
| Principal Place of Business<br><b>715 FLAMEVINE LANE<br/>VERO BEACH FL 32963<br/>US</b>   |  | Mailing Address<br><b>715 FLAMEVINE LANE<br/>VERO BEACH FL 32963<br/>US</b>   |  |
| 2. Principal Place of Business<br><b>416 Conn Way</b>   |  | 3. Mailing Address<br><b>PO Box 8308</b>  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |  |
| City & State<br><b>Vero Beach, FL</b>   |  | City & State<br><b>Vero Beach, FL</b>   |  |
| Zip<br><b>32963</b>   | Country<br><b>USA</b>  | Zip<br><b>32963</b>   | Country<br><b>USA</b>  |
| 6. Name and Address of Current Registered Agent<br><b>TODD, JOHN D.,<br/>639 E. OCEAN AVE., #305<br/>BOYNTON BEACH FL 33435</b>   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent. |  |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                  |  |
| 10. OFFICERS AND DIRECTORS  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>V<br/>DEMAREST, GEORGE<br/>715 FLAMING VINE LANE<br/>VERO BEACH FL 32963</b> <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>416 Conn Way</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>DP<br/>DEMAREST, ANNE D<br/>715 FLAMING VINE LANE<br/>VERO BEACH FL 32963</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>416 Conn Way</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>STD<br/>TOMBUL, DESIREE<br/>617 LAKE DRIVE<br/>VERO BEACH FL 32963</b> <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **Anne D. Demarest** 3/10/06 772-231-5811  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #