FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State
03-13-2008 90032 016 ***158.75

DOCUMENT # 681273

1. Entity Name
AD Industries, Inc

DO NOT WRITE IN THIS SPACE

40044461 ✓

CR2E034B (5/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
416 Conn Way Suite, Apt. #, etc.	PO Box 8308; 6001 Hwy A1A Suite, Apt. #, etc.
City & State: Vero Beach Fl.	City & State: Vero Beach
Zip: 32963 Country: USA	Zip: 32963 Country: USA

4. FEI Number: 59-2017705 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: John Todd

Street Address (P.O. Box Number is Not Acceptable): 639 E. Ocean Ave, Suite 305

City: Boynton Beach FL Zip Code: 33435

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☑ **$5.00** May Be Added to Fees

2/17/08

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	Demarest George
STREET ADDRESS	416 Conn Way
CITY-ST-ZIP	Vero Beach, FL 32963
TITLE	DP
NAME	Demarest, Anne D.
STREET ADDRESS	416 Conn Way
CITY-ST-ZIP	Vero Beach, Fl. 32963
TITLE	STD
NAME	Tombul Desiree
STREET ADDRESS	617 Lake Dr.
CITY-ST-ZIP	Vero Beach, Fl. 32963
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3/8/08 772-231-5811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #