

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 839781

FILED
Apr 28, 2005
Secretary of State

Entity Name: ANTI-DRUG VITAL INFORMATION & COMMUNICATIONS EXCHANGE, (ADVICE) INC.

Current Principal Place of Business:

1225 BENNETT DR
SUITE 146
LONGWOOD, FL 32750 US

New Principal Place of Business:

Current Mailing Address:

BOX 1187
PLYMOUTH, FL 327681187 US

New Mailing Address:

BOX 0779
PLYMOUTH, FL 327680779 US

FEI Number: 59-3045552

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHULMAN, MICHAEL
3800 HIDEWAY RD.
PLYMOUTH, FL 327681187 US

Name and Address of New Registered Agent:

SHULMAN, MICHAEL
3800 HIDEWAY RD.#779
PLYMOUTH, FL 327680779 US

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:

04/28/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SHULMAN, MICHAEL
Address: P.O. BOX 1187
City-St-Zip: PLYMOUTH, FL 32768

Title: D () Delete
Name: BIRNS, SID
Address: 1833 BONNERLY CT
City-St-Zip: APOPKA, FL

Title: D () Delete
Name: MOORE, HENRY
Address: 613 NORTH 427
City-St-Zip: LONGWOOD, FL 32752

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SHULMAN, MICHAEL
Address: P.O. BOX 779
City-St-Zip: PLYMOUTH, FL 327680779

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 Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL SHULMAN

D

04/28/2005

Electronic Signature of Signing Officer or Director

Date