

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90022 043 ***150.00

DOCUMENT # F01000001104
 1. Entity Name
AMERICAN DISH SERVICE, INC.



Principal Place of Business Mailing Address
900 BLAKE ST **900 BLAKE ST.**
KANSAS CITY, KS 66111 **EDWARDSVILLE, KS 66111-3820**

60006882



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01092006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
43-1031331 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KAVANAUGH, JOEL R 3060 SANTEE PLACE JACKSONVILLE, FL 32259		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL 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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NO + Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	ANDREWS, JAMES T <input type="checkbox"/> Delete	TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	ANDREWS, JAMES T
STREET ADDRESS	4249 W. 124TH TR.	STREET ADDRESS	3033 WEST 167th STREET
CITY-ST-ZIP	LEAWOOD, KS	CITY-ST-ZIP	STILWELL, KS 66085
TITLE VP	MORSE, CHRIS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	27560 W. 120TH PLACE	STREET ADDRESS	
CITY-ST-ZIP	OLATHE, KS 66061	CITY-ST-ZIP	
TITLE S	COX JR, ROBERT A <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	PO BOX 500	STREET ADDRESS	
CITY-ST-ZIP	RICHMOND, VA	CITY-ST-ZIP	
TITLE CD	ANDREWS, WILSON P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	9810 ST JULIANS LANE	STREET ADDRESS	
CITY-ST-ZIP	RICHMOND, VA	CITY-ST-ZIP	
TITLE D	ANDREWS, SHERRY T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	9810 ST JULIANS LANE	STREET ADDRESS	
CITY-ST-ZIP	RICHMOND, VA 23233	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James T. Andrews James T. Andrews 1/16/06 913-422-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #