

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000003804

1. Entity Name
 AD-SUCCESS, INCORPORATED



Principal Place of Business: 121 PROSPEROUS PLACE, TOWN OFFICE #2, LEXINGTON, KY 40509
 Mailing Address: 121 PROSPEROUS PLACE, TOWN OFFICE #2, LEXINGTON, KY 40509



02062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--------------------------------|
| 4. FEI Number 61-1066419 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

SCANLON, PAUL
 8658 LINEYARD CAY
 WEST PALM BEACH, FL 33411

DO NOT WRITE IN THIS SPACE

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 terminating) _____ DATE _____

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

| | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | P SCANLON, PAUL E 121 PROSPEROUS PLACE, TOWN OFFICE #2 LEXINGTON, KY 40509 |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | T SCANLON, SHARALEE B 121 PROSPEROUS PLACE, TOWN OFFICE #2 LEXINGTON, KY 40509 |
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 03/18/06 00029-006 158.75

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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 807, 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: Sharalee Scanlon 3-3-06 859-263-1822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/mon/yr