## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 14, 2008 8:00 am Secretary of State

04-14-2008 90032 035 \*\*\*158 75

DOCUMENT # F0200003804  1. Entity Name AD-SUCCESS, INCORPORATED							04-14-2008	900320	·33 ······13	8./3	
Principal Place of Business  121 PROSPEROUS PLACE, TOWN OFFICE #2 LEXINGTON, KY 40509  Mailing Address  121 PROSPEROUS PLACE, TOWN LEXINGTON, KY 40509				'N OFFICE	#2	<b>:16:431</b>      <b>61</b>	I (8 1   1   1   1   1   1   1   1   1   1	<b>   19</b>      <b>   19</b>	DI 1841 BASS \$181	181 % MUL	
Principal Place of Business - No P.O. Box #     3. Mailing Address											
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				04092008	Chg-P	CR2E03	34 (12/06)		
City & State	9	City & State				4. FEI Number 61-10664	119		<del>                                      </del>	plied For t Applicable	
Zip	Country	Zip	Coun	try		5. Certificate of		<b>94</b> ,	\$8.75 Addi Fee Required		
	6. Name and Address of Current	Registered Agent		Name		7. Name and A	ddress of New R	egistered A	gent		
SCANLON, SHARALEE B				Name							
301 CLEMATIS STREET, STE 3000 WEST PALM BEACH, FL 33401				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 Signature, typod or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  DATE											
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees											
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/C	HANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11	
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12 I hereby	certify that the information supplied wit	h this filing does not qualify to			- cotainoc	Lin Chapter 110	Elozido Statutos I	further cort	if, that the id	formation	

2. 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** 

Maratu Scanton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/08

859-263-1822

Daytime Phone #