## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F02000005449

Address:

City-St-Zip:

FILED Apr 17, 2007 Secretary of State

Entity Nai	me: ADACEL	SYSTEMS, INC.				
Current Principal Place of Business:				New Principal Place of Business:		
6200 LEE VISTA BLVD SUITE 100 ORLANDO, FL 32822				5945 HAZELTINE NATIONAL DRIVE ORLANDO, FL 32822		
Current M	lailing Addres	ss:	New Mail	New Mailing Address:		
6200 LEE VISTA BLVD SUITE 100 ORLANDO, FL 32822				5945 HAZELTINE NATIONAL DRIVE ORLANDO, FL 32822		
FEI Number:	: 76-0655867	FEI Number Applied For ( )	FEI Number Not App	olicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
417 E. VIR STE. 1	CONNECTION GINIA ST. SSEE, FL 323	,				
	named entity : e of Florida.	submits this statement for the p	ourpose of changing	its registered	d office or registered agent, or both,	
SIGNATUR	RE:					
	Electror	nic Signature of Registered Ago	ent	Date		
Election Car	npaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title:	LEVEILLE, LIO 6200 LEE VIST ORLANDO, FL O ASCH, MICHAE 6200 LEE VIST ORLANDO, FL	A BLVD, SUITE 100 32822 Delete EL A BLVD, SUITE 100	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title:	SHELDON, F 5945 HAZEL' ORLANDO, F D BROWN, SE 5945 HAZEL' ORLANDO, F	TINE NATIONAL DRIVE FL 32822 (X) Change ( ) Addition TH TINE NATIONAL DRIVE	
Name: Address: City-St-Zip:	MONTCALM, R	OBERT A BLVD, SUITE 100	Name: Address: City-St-Zip:	PILLER, STEVE 5945 HAZELTINE NATIONAL DRIVE ORLANDO, FL 32822		
Title: Name:	( )	) Delete	Title: Name:	O CREASAP, M	()Change(X)Addition ∕/ARK	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: SETH BROWN D 04/17/2007

5945 HAZELTINE NATIONAL DRIVE

ORLANDO, FL 32822