

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-08-2005 90024.009 \*\*\*150.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**50055342**



07012005 Chg-P: CR2E034 (10/03)

<b>DOCUMENT # F03000002144</b>	
1. Entity Name ADI AMERICAN DISTRIBUTORS INC.	



Principal Place of Business 2 EMERY AVE. RANDOLPH, NJ 07869	Mailing Address 2 EMERY AVE. RANDOLPH, NJ 07869
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
LEMKE, GENE 1566 HARDWICKE STREET PALM BAY, FL 32907	

7. Name and Address of New Registered Agent	
Name <u>Diana M. Loveridge</u>	
Street Address (P.O. Box Number is Not Acceptable)	
<u>1417 Bronco Drive</u>	
City <u>Melbourne</u>	FL Zip Code <u>32940</u>

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 <u>Diana M. Loveridge</u>	DATE <u>7/05/05</u>
(NOTE: Registered Agent signature required when substituting)	

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BECK, DAVID 2 EMERY AVE. RANDOLPH, NJ 07869 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Heather J. Wynne</u>	DATE <u>7/1/05</u> DAYTIME PHONE <u>973 328 1181</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	