
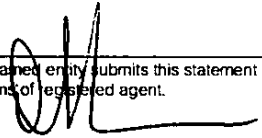


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90198 032 \*\*\*158.75

<b>DOCUMENT # F03000002632</b> 1. Entity Name <b>ADSIL INC.</b>					
Principal Place of Business <b>1 HARGROVE GRADE, STE. 1-K PALM COAST, FL 32137</b>			Mailing Address <b>1 HARGROVE GRADE, STE. 1-K PALM COAST, FL 32137</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3548309 20-1755691</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>STANICH, JEFFREY L 1 HARGROVE GRADE, STE. 1-K PALM COAST, FL 32137</b>				7. Name and Address of New Registered Agent  Name <b>JOHN L. TRUSSELL, II</b> Street Address (P.O. Box Number is Not Acceptable) <b>1 HARGROVE GRADE, STE. 1-K</b>  City <b>PALM COAST</b> <b>FL</b> Zip Code <b>32137</b>	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT <b>STANICH, JEFFREY L</b> <input checked="" type="checkbox"/> Delete <b>1 HARGROVE GRADE, STE. 1-K PALM COAST, FL 32137</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>JOHN L. TRUSSELL, II</b> <b>1 HARGROVE GRADE, STE. 1-K PALM COAST, FL 32137</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input checked="" type="checkbox"/> Delete <b>HAIR, MICHAEL K</b> <b>1 HARGROVE GRADE, STE. 1-K PALM COAST, FL 32137</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC./TRES. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DAVID L. SPENCER</b> <b>1 HARGROVE GRADE, STE. 1-K PALM COAST, FL 32137</b>	
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	
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	
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	
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 powers.					
SIGNATURE: <b>John L. Trussell, II President</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <b>4/27/06</b> Daytime Phone # <b>(888) 445-8239</b>					