

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F62864

FILED
Jan 04, 2005
Secretary of State

Entity Name: THE ADLER NETWORK, INC.

Current Principal Place of Business:

6365 NW 6TH WAY
SUITE 170
FT.LAUDERDALE, FL 333096161

New Principal Place of Business:

Current Mailing Address:

6365 NW 6TH WAY
SUITE 170
FT.LAUDERDALE, FL 333096161

New Mailing Address:

FEI Number: 59-2162794 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADLER, MAXINE
6365 NW 6TH WAY SUITE 170
FORT LAUDERDALE,, FL 33309 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: ADLER, MAXINE,
Address: 6365 N.W. 6TH WAY STE 170
City-St-Zip: FT. LAUDERDALE, FL

Title: VPTD () Delete
Name: ADLER, OWEN
Address: 6365 N.W. 6TH WAY , STE.170
City-St-Zip: FT. LAUDERDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: OWEN ADLER

VPTD

01/04/2005

Electronic Signature of Signing Officer or Director

Date