2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004594

Address:

City-St-Zip:

201 NORTH DUPONT PARKWAY

NEW CASTLE, DE 19720

Entity Name: ADAIR SOFTWARE CORPORATION

FILED Apr 24, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4411 BRANDON DRIVE DELRAY BEACH, FL 33445 **Current Mailing Address: New Mailing Address:** 4411 BRANDON DRIVE DELRAY BEACH, FL 33445 FEI Number: 58-2468372 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCLAWHORN, STEPHANIE G ADAIR, WELDON B 111 4411 BRANDON DRIVE 4411 BRANDON DRIVE DELRAY BEACH, FL 33445 US US DELRAY BEACH, FL 33445 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: WELDON B. ADAIR, 111 04/24/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition ADAIR, BELINDA G Name: Name: 201 NORTH DUPONT PARKWAY Address: Address: City-St-Zip: NEW CASTLE, DE 19720 City-St-Zip: Title: DV Title: () Delete (X) Change () Addition Name: ADAIR, W. BROOKS III Name: ADAIR, W. BROOKS III 201 NORTH DUPONT PARKWAY 4411 BRANDON DRIVE Address: Address: NEW CASTLE, DE 19720 DELRAY BEACH, FL 33445 City-St-Zip: City-St-Zip: () Delete (X) Change () Addition Title: SD Title: SD MCLAWHORN, STEPHANIE G MCLAWHORN, STEPHANIE G Name: Name: 5385 CEDAR LAKE ROAD, #15-22 201 NORTH DUPONT PARKWAY Address: Address: City-St-Zip: BOYNTON BEACH, FL 33437 City-St-Zip: NEW CASTLE, DE 19720 Title: () Delete Title: () Change () Addition ADAIR, WELDON B JR Name: Name:

I hereby certify that the information supplied with this filing does not qualify 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: BELINDA ADAIR PVC 04/24/2007