

2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
May 11, 2005
Secretary of State**

DOCUMENT# G15151

Entity Name: AD DESIGNS OF NAPLES, INC.

Current Principal Place of Business:

AD DESIGNS OF NAPLES INC.
838 ANCHOR RODE DR.
NAPLES, FL 34103739 US

New Principal Place of Business:

Current Mailing Address:

AD DESIGNS OF NAPLES INC.
838 ANCHOR RODE DR.
NAPLES, FL 34103739 US

New Mailing Address:

FEI Number: 59-2246410 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOOVER, CAROLYN A
5252 SAND DOLLAR LANE
NAPLES, FL 34103 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: HOOVER, CAROLYN A PRES
Address: 5252 SAND DOLLAR LN
City-St-Zip: NAPLES, FL 34104 FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: HOOVER, CAROLYN A PRES
Address: 5252 SAND DOLLAR LN
City-St-Zip: NAPLES, FL 34103 FL

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: C.A. HOOVER

PRES

05/11/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date