

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90034 013 \*\*\*150.00

<b>DOCUMENT # G36668</b> 1. Entity Name A.V.D., INC.					
Principal Place of Business 1100 FAIR VIEW LN WEST PALM BEACH, FL 33404				Mailing Address 1100 FAIR VIEW LN WEST PALM BEACH, FL 33404	
2. Principal Place of Business - No P.O. Box # <b>300-A Commerce Rd</b>		3. Mailing Address <b>1281 N. Ocean Drive</b>			
Suite, Apt. #, etc. <b># 122</b>		Suite, Apt. #, etc. <b># 122</b>			
City & State <b>Royal Palm Bch, FL</b>		City & State <b>Singer Island, FL</b>		4. FEI Number <b>59-2307822</b>	
Zip <b>33411</b>		Country <b>Palm Bch</b>		Zip <b>33404</b>	
Country <b>Palm Bch</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  DATTILE, DOUG 1100 FAIRVIEW LANE SINGER ISLAND, FL 33404				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) 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</b> <b>After May 1, 2007 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			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT DATTILE, DOUG 1100 FAIRVIEW LANE SINGER ISLAND, FL 33404	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS DATTILE, DEBRA 1100 FAIRVIEW LANE SINGER ISLAND, FL 33404	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
			Date <b>1-20-07</b> Daytime Phone # <b>561-793-7484</b>		