2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 22, 2007 8:00 am Secretary of State 01-22-2007 90075 015 ***150.00

Process Place of Business 1734 LAKENERY BLV NORTH FT. MFES. F1. 33903 NORTH FT. MFES. F2. 33903 2. Principal Place of Business - No P.O. Box # 2. Making Address Subs. Apt. # 600. Subs. Apt. # 600. Subs. Apt. # 600. O1150007 City & State 2. Principal Place of Business - No P.O. Box # 2. Making Address Subs. Apt. # 600. O1150007 City & State 4. F51 Number of Subsub Desired FS7. Post and Address of Current Registered Agent Fare Recurrent Fare Recurr	1. Entity Nam	ie	#H43435 AD VILLAGE, INC.				4000		90073 0.	13 13	0.00
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S. Certification of Statute Decircle Fee Required Fee Requir	City & State	e		City & State							
North Fort Myers, FL 33903 Street Address (P.O. Box Namber is Not Acceptable) The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. Tam termiliar with, and accept the obligations of registered agent, and both, in the State of Florida. Tam termiliar with, and accept the obligations of registered agent, and both, in the State of Florida. Tam termiliar with, and accept the obligations of registered agent, and both, in the State of Florida. Tam termiliar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam termiliar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam termiliar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam termiliar with, and accept the obligations of the obligation	Zip		Country Zip Cou			itry	5. Certificate	of Status Desired			
Street Address (P. C. Rox Number is Not Acceptable) 1734 Takeview Bouleward City FL 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE FILE NOWITE FEE IS \$150.00 After May 1, 2007 fee will he \$550.00 CYTE Registered Agent and the registered of the Facekatis. ONTE Registered Agent and the registered agent and the facekatis. ONTE Registered Agent and the registered agent and the facekatis. ONTE Registered Agent and the registered agent and the facekatis. ONTE Registered Agent and the registered agent and the facekatis. ONTE Registered Agent and the registered agent and the facekatis. ONTE Registered Agent and the registered agent and the facekatis. ONTE Registered Agent and the registered agent and the facekatis. ONTE Registered Agent and the registered agent and the facekatis. ONTE Registered Agent and the registered agent and the facekatis. ONTE Registered Agent and the registered agent and the facekatis. ONTE Registered Agent and the registered agent and the facekatis. ONTE Registered Agent and the registered agent and the facekatis. ONTE Registered Agent and the registered agent and the facekatis. ONTE Registered Agent and the registered agent and the registered agent, or both, in the State of Florida. I am lamiliar with, and accept intered the registered agent, or both, in the State of Florida. I am lamiliar with, and accept intered the registered agent and the registered agent. Signature Registered Agent and the registered agent and the registered agent. Interest Agent		6. Name	and Address of Current R	legistered Agent		Name	7. Name and	Address of New I	Registered A	gent	***
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