

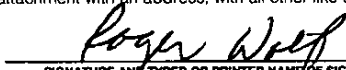


**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90270 006 \*\*\*150 00

<b>DOCUMENT # H55613</b> 1. Entity Name <b>AD PLUS, INC.</b>				01-17-2006 90270 006 ***150.00	
Principal Place of Business <b>1970 MICHIGAN AVENUE BLDG 1, SUITE 10 COCOA, FL 32922 US</b>		Mailing Address <b>1970 MICHIGAN AVENUE BLDG 1, SUITE 10 COCOA, FL 32922 US</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. <b>BLDG. I, SUITE 10</b>		Suite, Apt. #, etc. <b>BLDG. I, SUITE 10</b>		01032006 Chg-P CR2E034 (11/05)	
City & State		City & State		4. FEI Number <b>59-2537798</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>WOLF, ROGER 1970 MICHIGAN AVENUE BLDG 1, SUITE 10 COCOA, FL 32922</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				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 familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
DP WOLF, ROGER 1970 MICHIGAN AVENUE, BLDG 1, SUITE 10 COCOA, FL 32922			Change Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
ST WOLF, PATRICIA 1970 MICHIGAN AVENUE, BLDG 1, SUITE 10 COCOA, FL 32922			Change Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
Delete			Change Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
Delete			Change Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
Delete			Change Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
Delete			Change Addition		
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:  1-4-06 321 673 7576					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					