


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J10424</b> 1. Entity Name <b>ADNORAM REALTY CORPORATION</b>	
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Principal Place of Business <b>202 PARK WEST DR PITTSBURGH, PA 15275</b>	Mailing Address <b>202 PARK WEST DR PITTSBURGH, PA 15275</b>
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02192007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2668072</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
  
**VON DREELE, WAYNE J  
3993 WEST 1ST ST  
SANFORD, FL 32771**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO WOLF, WILLIAM J 202 PARK WEST DR PITTSBURGH, PA 15275</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P VON DREELE, WAYNE J 3993 WEST 1ST ST SANFORD, FL 32771</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSTD WOLF, RONALD W 202 PARK WEST DR PITTSBURGH, PA 15275</b>
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**DO NOT WRITE  
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03/15/07-80011-001 150.00

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:**  **2/27/07** **412-738-7400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #