


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # J35000 1. Entity Name A & D HOLDINGS, INC.					
Principal Place of Business 1775 5TH AVE. N.E. BOCA RATON FL 33432			Mailing Address 1775 5TH AVE. N.E. BOCA RATON FL 33432		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2738866	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOUTHWORTH, ALAN 1775 5TH AVE. N.E. BOCA RATON FL 33432				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 reconstituting) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PS	NAME SOUTHWORTH, ALAN	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add		
STREET ADDRESS 1775 5TH AVE. N.E.			NAME <input type="checkbox"/> Change <input type="checkbox"/> Add		
CITY-ST-ZIP BOCA RATON FL			STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Add		
TITLE TD	NAME SOUTHWORTH, ALAN	<input type="checkbox"/> Delete	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Add		
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CITY-ST-ZIP BOCA RATON FL			STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Add		
TITLE <input type="checkbox"/> Delete			CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME <input type="checkbox"/> Delete			NAME <input type="checkbox"/> Change <input type="checkbox"/> Add		
STREET ADDRESS <input type="checkbox"/> Delete			STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Add		
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TITLE <input type="checkbox"/> Delete			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME <input type="checkbox"/> Delete			NAME <input type="checkbox"/> Change <input type="checkbox"/> Add		
STREET ADDRESS <input type="checkbox"/> Delete			STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Add		
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1st MOORE CR2E034 (10/05)

4. FEI Number **59-2738866**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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 reconstituting) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PS	NAME SOUTHWORTH, ALAN	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add		
STREET ADDRESS 1775 5TH AVE. N.E.			NAME <input type="checkbox"/> Change <input type="checkbox"/> Add		
CITY-ST-ZIP BOCA RATON FL			STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Add		
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CITY-ST-ZIP BOCA RATON FL			STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Add		
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CITY-ST-ZIP <input type="checkbox"/> Delete			CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Add		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Alan Southworth **ALAN SOUTHWORTH** 4/3/06 (561) 368-9444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #