2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J51671

Entity Name: ADPRO ENTERPRISES, INC.

FILED Apr 12, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
1406 W FLAGLER ST MIAMI, FL 33135				1406 W FLAGLER ST MIAMI, FL 33135 US				
Current Mailing Address:				New Mailing Address:				
1406 W FLAGLER ST MIAMI, FL 33135			1406 W. FLAGLER ST MIAMI, FL 33135					
FEI Number:	59-2764336	FEI Number Applied For ()	FEI Num	nber Not Appli	cable ()	Certificate of Status Desired (X)		
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
NOLAN, CRAIG 1406 W. FLAGLER ST. MIAMI, FL 33125 US				NOLAN, CRAIG PRES. 1406 W. FLAGLER ST. MIAMI, FL 33135 US				
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.								
SIGNATUR	E: CRAIG NO	LAN				04/12/2006		
	Electronic	Signature of Registered Agent	t			Date	_	
Election Campaign Financing Trust Fund Contribution ().								
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	P () E NOLAN, CRAIG, 1406 W FLAGLE MIAMI, FL	Pelete		Title: Name: Address: City-St-Zip:	PRES (X) NOLAN, CRAIG, 1406 W FLAGLI MIAMI, FL 3313	ER ST		
Title: Name: Address: City-St-Zip:	()[Pelete		Title: Name: Address: City-St-Zip:	PRES () NOLAN, CRAIG 1406 W. FLAGE MIAMI, FL 3313	ER ST.		
Title: Name: Address: City-St-Zip:	()[Delete		Title: Name: Address: City-St-Zip:	PRES () NOLAN, CRAIG 1406 W. FLAGE MIAMI, FL 3313	ER ST.		
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Title: Name: Address: City-St-Zip:	()[Pelete		Title: Name: Address: City-St-Zip:	PRES () NOLAN, CRAIG 1406 W FLAGE MIAMI, FL 3313	R ST.		
Title: Name: Address: City-St-Zip:	()[Delete		Title: Name: Address: City-St-Zip:	PRES () NOLAN, CRAIG 1406 W. FLAGL MIAMI, FL 3313	ER ST.		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG NOLAN PRES 04/12/2006