

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J57080

FILED
Apr 30, 2005
Secretary of State

Entity Name: ADAMS BROKERAGE, INC.

Current Principal Place of Business:

8591 IBIS COVE CIRCLE
NAPLES, FL 34119 US

New Principal Place of Business:

4241 YUCATAN CIRCLE
PORT CHARLOTTE, FL 33948 US

Current Mailing Address:

8591 IBIS COVE CIRCLE
NAPLES, FL 34119 US

New Mailing Address:

4241 YUCATAN CIRCLE
PORT CHARLOTTE, FL 33948 US

FEI Number: 59-2777789

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, SUZANNE M
8591 IBIS COVE CIRCLE
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

ADAMS, SUZANNE M
4241 YUCATAN CIRCLE
PORT CHARLOTTE, FL 33948 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.

SIGNATURE: _____

Electronic Signature of Registered Agent

04/30/2005

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ADAMS, SUZANNE M
Address: 8591 IBIS COVE CIRCLE
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ADAMS, SUZANNE M
Address: 4241 YUCATAN CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SUZANNE MARIE ADAMS

PRES

04/30/2005

Electronic Signature of Signing Officer or Director

Date