2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L10622

1. Entity Name
ADD 'EMS, U.S.A., INC.

Principal Place of Business	Mailing Address
~~397 BARFIELD HWY~~ 709 NE 3RD ST ~~PO BOX 579~~ BELLE GLADE FL ~~PAHOKEE, FL 33476~~ 33430	PO BOX 579 PAHOKEE, FL 33476

DO NOT WRITE IN THIS SPACE

03292006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0130599
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ADAMS, FRANCES
1616 E MAIN ST
PAHOKEE, FL 33476

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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: Donia A Roberts
Signature, typed or printed name of registered agent and title if applicable [NOTE: Registered Agent signature required when reinstating] DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ADAMS-ROBERTS, DONIA
STREET ADDRESS	1616 E MAIN ST
CITY-ST-ZIP	PAHOKEE, FL
TITLE	STD
NAME	HORNER, BETH
STREET ADDRESS	1616 E MAIN ST
CITY-ST-ZIP	PAHOKEE, FL
TITLE	VPD
NAME	LOHMANN, ANGEE
STREET ADDRESS	1616 E MAIN ST
CITY ST-ZIP	PAHOKEE, FL
TITLE	VPD
NAME	ADAMS, JAYNA
STREET ADDRESS	1616 E MAIN ST
CITY-ST-ZIP	PAHOKEE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/13/06-80109-009 150.00

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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: Donia A. Roberts 4/27/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #