## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L39818

FILED Apr 20, 2004 Secretary of State

Entity Name: APPLICATION DEVELOPMENT CONSULTANTS, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	JAMIN RD				
STE 107 FAMPA, F	L 33634 U	S			
Current M	Mailing Addre	ss:	New Mailing Addres	s:	
6011 BEN STE 107 FAMPA, F	JAMIN RD L 33634 U	S			
El Number	: 59-2982835	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	REA DRIVE	us			
15745 BEF DDESSA, The above n the State	REA DRIVE FL 33556 e named entity e of Florida.	US	purpose of changing its registere	d office or registered agent, or both,	
15745 BEF ODESSA, The above	REA DRIVE FL 33556 e named entity e of Florida. RE:	US		d office or registered agent, or both,  Date	
15745 BEF DDESSA, The above n the State BIGNATUI	REA DRIVE FL 33556 e named entity e of Florida. RE: Electro	US submits this statement for the			
15745 BEF DDESSA, The above n the State BIGNATUI	REA DRIVE FL 33556 e named entity e of Florida. RE: Electro	US submits this statement for the nic Signature of Registered Ag g Trust Fund Contribution ( ).	gent	Date	
15745 BEF DDESSA, The above n the State BIGNATUI	REA DRIVE FL 33556 e named entity e of Florida. RE: Electrol mpaign Financin S AND DIREC	submits this statement for the nic Signature of Registered Agg Trust Fund Contribution ( ).  TORS:  Delete ETEPHEN R. DRIVE	gent		

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: SYLVIA LOVERIDGE V 04/20/2004