

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M82952</b> 1. Entity Name ADAMS REAL ESTATE, INC.			
Principal Place of Business 970 HIGHWAY 98 EAST STE 106 DESTIN, FL 32541 US		Mailing Address P.O. BOX 216 DESTIN, FL 32540 US	
<b>DO NOT WRITE IN THIS SPACE</b>			
		02102005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2891224	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  ADAMS, JAMES F 970 HIGHWAY 98 EAST SUITE 12 DESTIN, FL 32541		<b>DO NOT WRITE IN THIS SPACE</b>	
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 reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<p>U000000350456 05/02/05-80104-023 150.00</p> <b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ADAMS, JAMES F. 4121 INDIAN TRAIL DESTIN, FL 32541		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ADAMS, PEGGY H 4121 INDIAN TRAIL DESTIN, FL 32541		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMPSON, M JACK 604 CHOCTAW DRIVE DESTIN, FL 32541		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify 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 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.			
<b>SIGNATURE:</b> <u>James F. Adams</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/26/05</u> Daytime Phone # <u>850-837-3145</u>	