

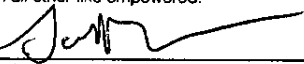


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90045 039 ****61.25

DOCUMENT # N01000000799					
1. Entity Name AMERICAN ADOPTIONS OF FLORIDA, INC.					
Principal Place of Business 418 W. PLATT ST., SUITE C TAMPA, FL 33606			Mailing Address 9101 W 110TH STREET OVERLAND PARK, KS 66210		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3723111	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LANCE, T. SEAN 345 BAYSHORE #911 TAMPA, FL 33606				Name Christy Hallas	
				Street Address (P.O. Box Number is Not Acceptable) 4636 8th Ave. North	
				City St. Petersburg	
				FL Zip Code 33713	
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 <u>Christy Hallas</u> x  3/16/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> (DATE)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARS, SCOTT		NAME		
STREET ADDRESS	13242 LONG		STREET ADDRESS		
CITY - ST - ZIP	OVERLAND PARK, KS 66062		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MORRIS, WADE		NAME		
STREET ADDRESS	15362 SHANNAN LANE		STREET ADDRESS		
CITY - ST - ZIP	OLATHE, KS 66062		CITY - ST - ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARS, SUSAN		NAME		
STREET ADDRESS	14625 GREENWOOD		STREET ADDRESS		
CITY - ST - ZIP	OLATHE, KS 66062		CITY - ST - ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EDSTROM, JACK		NAME		
STREET ADDRESS	11811 W 149TH		STREET ADDRESS		
CITY - ST - ZIP	OLATHE, KS 66062		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			NAME	M	
STREET ADDRESS			STREET ADDRESS	Christy Hallas	
CITY - ST - ZIP			CITY - ST - ZIP	4636 8th Ave N. St Petersburg, FL 33713	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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 617, 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: <u>Scott Mars</u>  3/04/04 913-383-9804 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



03032004 Chg-NP CR2E037 (10/03)