

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000799

FILED
Jan 12, 2007
Secretary of State

Entity Name: AMERICAN ADOPTIONS OF FLORIDA, INC.

Current Principal Place of Business:

212 S. MAGNOLIA AVE.
SUITE D
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

212 S. MAGNOLIA AVE.
SUITE D
TAMPA, FL 33606

New Mailing Address:

FEI Number: 59-3723111

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KERR, CHERYL
425 22ND AVE. N
SUITE B
SAINT PETERSBURG, FL 33704 US

Name and Address of New Registered Agent:

WHEATLEY, MARY
425 22ND AVE. N
SUITE B
SAINT PETERSBURG, FL 33704 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: CHERYL KERR

01/12/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MARS, SCOTT
Address: 10353 S. HIGHLAND CIRCLE
City-St-Zip: OLATHE, KS 66061

Title: D () Delete
Name: MORRIS, WADE
Address: 15362 SHANNAN LANE
City-St-Zip: OLATHE, KS 66062

Title: VPD () Delete
Name: MARS, SUSAN
Address: 14625 GREENWOOD
City-St-Zip: OLATHE, KS 66062

Title: TD () Delete
Name: EDSTROM, JACK
Address: 8221 MIKE O'CINCE RD.
City-St-Zip: OZAWKEE,, KS 66070

Title: M () Delete
Name: KERR, CHERYL
Address: 4367 56TH ST NORTH
City-St-Zip: KENNETH CITY, FL 33709

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN MARS

VPD

01/12/2007

Electronic Signature of Signing Officer or Director

Date