2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003433

JACKSON, MARY

P.O. BOX 681043

LUCAS, BRIAN

P.O. BOX 620955

ORLANDO FL 32762

ORLANDO, FL 32868

() Delete

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Entity Name: ADHD MINISTRIES, INCORPORATED

FILED Feb 13, 2007 Secretary of State

Current Pr	incipal Place	e of Business:	New Princ	New Principal Place of Business:			
6904 RIVER OAKS				6121 METROWEST BLVD 12-103			
105 ORLANDO	, FL 32818), FL 32835			
Current Mailing Address:			New Maili	New Mailing Address:			
P.O. BOX 5 ORLANDO	547882 , FL 32854						
FEI Number:	54-2064125	FEI Number Applied For ()	FEI Number Not App	licable()	Certificate of Status Desired (X)		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:			
MURRAY, DANA 6904 RIVER OAKS 105 ORLANDO, FL 32818 US			6121 METI 12-103	JACKSON, DANA S 6121 METROWEST BLVD 12-103 ORLANDO, FL 32835 US			
The above in the State		submits this statement for the pu	rpose of changing i	ts registered of	ffice or registered agent, or both,		
SIGNATURE: DANA S. JACKSON				02/13/2007			
	Electro	nic Signature of Registered Agen	t		Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P (MURRY, DANA 6904 RIVER O ORLANDO, FL	AKS #105	Title: Name: Address: City-St-Zip:	P (X) JACKSON, DAN 6121 METROW ORLANDO, FL	EST BLVD		
Title: Name: Address: City-St-Zip:	V (NAYEE, RAJ P.O. BOX 4669 ORLANDO, FL		Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	TOMLINSON, I 5814 ELON DE	RIVE	Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title:	т () Delete	Title:	()	Change () Addition		

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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: DANA S. JACKSON P 02/13/2007

() Change () Addition