2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# N03000010885

Entity Name: FLORIDA DADS, INC.

Current Principal Place of Business:

500 S.E. 17TH STREET 220
FT. LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

500 S.E. 17TH STREET 220
FT. LAUDERDALE, FL 33316

New Mailing Address:

FEI Number: 55-0856224 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLACK, ANTHONY
500 S.E. 17TH STREET 220
FT. LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CUNNY, BRETT
Address: 500 S.E. 17TH STREET 220
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: VP ( ) Delete
Name: BLACK, ANTHONY
Address: 500 S.E. 17TH STREET 220
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: T ( ) Delete
Name: BETTELLI, JEAN
Address: 500 S.E. 17TH STREET 220
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: S ( ) Delete
Name: CHIARALUG, JOHN
Address: 500 S.E. 17TH STREET 220
City-St-Zip: FT. LAUDERDALE, FL 33316

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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CUNNY BRETT P 04/28/2005

Electronic Signature of Signing Officer or Director — Date