

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90095 044 \*\*\*\*61.25



<b>DOCUMENT # N05000006403</b> 1. Entity Name <b>ADAPT ETIQUETTE, INC.</b>	
Principal Place of Business 7143 STATE ROAD 54 NO 215 NEW PORT RICHEY FL 34653-6104	Mailing Address 7143 STATE ROAD 54 NO 215 NEW PORT RICHEY FL 34653-6104
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State
Zip                      Country	Zip                      Country



1st MOORE                      CR2E037 (10/06)

<b>6. Name and Address of Current Registered Agent</b>  <b>REILLY, TERESA K</b> <b>7143 STATE ROAD 54 NO 215</b> <b>NEW PORT RICHEY FL 34653-6104</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City
	<b>FL</b> Zip Code

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 \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		<b>Make Check Payable to Florida Department of State</b>

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM REILLY, TERESA K 7143 STATE ROAD 54 NO 215 NEW PORT RICHEY FL 34653-6104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Reilly, Harold L. 7143 SR 54 # 215 New Port Richey, FL 34653-6104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Reilly, Rose L. 7143 SR 54 # 215 New Port Richey, FL 34653-6104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	    <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	    <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Teresa K Reilly      Teresa K. Reilly 4/25/07      (877) 847-2748