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2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

06 NOV -7 PM 2:34

DOCUMENT # N05000006521	
1. Entity Name MEN OF ADAM, INC.	

Principal Place of Business 5129 NW 17TH AVENUE MIAMI, FL 33142	Mailing Address 5129 NW 17TH AVENUE MIAMI, FL 33142
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2. Principal Place of Business <i>Men of Adam</i> Suite, Apt. #, etc. <i>5129 N.W. 17th Ave</i> City & State <i>Miami, FL</i> Zip <i>33142</i> Country <i>U.S.A.</i>	3. Mailing Address <i>Men of Adam</i> Suite, Apt. #, etc. <i>5129 N.W. 17th Ave</i> City & State <i>Miami, FL</i> Zip <i>33142</i> Country <i>U.S.A.</i>
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REINSTATEMENT 06

08112006 Chg-NP CR2E037 (4/06)

4. FEI Number <i>EIN# 27-0127832</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, MICHAEL 6111 WEST 24TH COURT BLDG 12 UNIT 101 HIALEAH, FL 33016	
7. Name and Address of New Registered Agent Name <i>Williams Michael</i> Street Address (P.O. Box Number is Not Acceptable) <i>6111 West 24th Court Bldg 12 Unit 101</i> City <i>Hialeah, FL</i> Zip Code <i>33016 FL</i>	

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)

Filing Fee is \$61.25 Due by September 6, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, MICHAEL 6111 W. 24TH COURT BLDG. 12 #101 HIALEAH, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000090148880 09/25/06--01053--016 **\$61.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HALLMAN, ROLANDO 5129 NW 17TH AVENUE MIAMI, FL 33142 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000090148880 09/25/06--01053--017 **\$0.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAJOR, ADOLPHIS 5129 NW 17TH AVENUE MIAMI, FL 33142 <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
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 Chapter 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: *Rolando L. Hallman* 09/06/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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October 10, 2006

Attention: Ms. Tina Carter
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Ms. Carter,

Please accept this letter as a Letter of Wavier. I was able to track the package and find the name of the recipient who was Damien Patterson. I have attached a copy of the receipt and certified Post marked Certified Mail receipt. I am hoping that the information provided will expedite the reinstatement of the organization. Thank you for your cooperation in this matter.

Thank you



Rolando S. Hallmon
Vice President of Men of Adam

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Attachments

Doc# N05000006521

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Del - 9/25
Damien Peterson

OPA LOCKA POST OFFICE
OPA LOCKA, Florida
330549998
1158540054 -0097
09/07/2006 (305)681-4964 01:22:45 PM

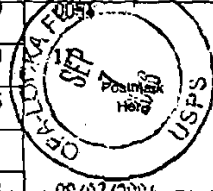
Sales Receipt		
Product	Sale Unit	Final
Description	Qty Price	Price
TALLAHASSEE FL 32302		\$0.39
First-Class		

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
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OFFICIAL USE

Postage	\$	\$0.39
Certified Fee		\$2.40
Return Receipt Fee (Endorsement Required)		\$1.85
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$4.64



Sent To: Director of Corporations
Street, Apt. No.: P.O. Box 1500
or PO Box No.:
City, State, ZIP+4: Tallahassee, FL 32302-1500

PS Form 3800, June 2002 See Reverse for Instructions
Refunds for guaranteed services only.
Thank you for your business.
Customer Copy

acceptable per michelle
10-23-06