

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 12, 2004
Secretary of State**

DOCUMENT# N93000002878

Entity Name: AMERICAN DISASTER RESOURCES, INC.

Current Principal Place of Business:

21521 WOODCHUCK CT.
BOCA RATON, FL 33428

New Principal Place of Business:

New Mailing Address:

21521 WOODCHUCK CT.
BOCA RATON, FL 33428

Current Mailing Address:

C/O W.J. TREMBLAY, P.A.
1801 S. FEDERAL HWY, STE 219
DELRAY BEACH, FL 33483

FEI Number: 65-0423940 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

W.J. TREMBLAY, P.A.
1801 S FEDERAL HWY, STE 219
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

TAYLOR, ROBERT J
21521 WOODCHUCK CT.
BOCA RATON, FL 33428 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: ROBERT J. TAYLOR 05/12/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: TAYLOR, ROBERT
Address: 21521 WOODCHUCK CT.
City-St-Zip: BOCA RATON, FL 33428

Title: D () Delete
Name: BUMP, SUSAN M
Address: 342 SOUTHWIND DR #216
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D () Delete
Name: WHITEHALL, HENRY
Address: 10885 GRANDE BLVD
City-St-Zip: WEST PALM BEACH, FL 33412

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:

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: ROBERT J. TAYLOR PSTD 05/12/2004

Electronic Signature of Signing Officer or Director Date