

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000002878**

1. Entity Name  
**AMERICAN DISASTER RESOURCES, INC.**



Principal Place of Business  
**21521 WOODCHUCK CT.  
BOCA RATON, FL 33428**

Mailing Address  
**21521 WOODCHUCK CT.  
BOCA RATON, FL 33428**



03082006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0423940**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**TAYLOR, ROBERT J  
21521 WOODCHUCK CT.  
BOCA RATON, FL 33428**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

1110000465839  
MAR/22/06-00052-003 61.25

10. OFFICERS AND DIRECTORS

|                                                    |                                                                           |
|----------------------------------------------------|---------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PSTD<br>TAYLOR, ROBERT<br>21521 WOODCHUCK CT.<br>BOCA RATON, FL 33428     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>BUMP, SUSAN M<br>342 SOUTHWIND DR #216<br>NORTH PALM BEACH, FL 33408 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>WHITEHALL, HENRY<br>10885 GRANDE BLVD<br>WEST PALM BEACH, FL 33412   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                           |

**DO NOT WRITE  
IN THIS SPACE**

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:

*Robert Taylor*  
\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Robert Taylor**

Date

**3-9-06**

Daytime Phone #

**561-483-4535**