


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 21, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000003986</b> 1. Entity Name ADRUH, INC.	
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Principal Place of Business 3500 N. STATE RD. 7 STE 201 LAUDERDALE LAKES, FL 33319 US	Mailing Address 3500 N. STATE RD. 7 STE 201 LAUDERDALE LAKES, FL 33319 US
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03122003 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0849128	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES, FL 33134
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000162750 06/21/04-80001-024 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PEAN, MICHELLE 3500 N. STATE RD. 7 LAUDERDALE LAKES, FL 33319
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V VIXAMAR, ALOURDES 3500 N. STATE RD. 7 LAUDERDALE LAKES, FL 33319
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST DORELUS, WILFRID 2330 NORTHWEST 180TH TERRACE CAROL CITY, FL 33056
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LOUIDOR, FRANCOIS 2330 NORTHWEST 180TH TERRACE CAROL CITY, FL 33056
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS 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 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 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: Michelle L. Pean 06/16/04 954-667-6698  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #