

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 17, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000003986	
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1. Entity Name ADRUH, INC.	Mailing Address 3500 N. STATE RD. 7 STE 201 LAUDERDALE LAKES, FL 33319 US
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<p>DO NOT WRITE IN THIS SPACE</p>
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05022005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0849128	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 AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES, FL 33134

<p>DO NOT WRITE IN THIS SPACE</p>
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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 reissuing) DATE _____

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE PD NAME PEAN, MICHELLE STREET ADDRESS 3500 N. STATE RD. 7 CITY-ST-ZIP LAUDERDALE LAKES, FL 33319	
TITLE V NAME VIXAMAR, ALOURDES STREET ADDRESS 3500 N. STATE RD. 7 CITY-ST-ZIP LAUDERDALE LAKES, FL 33319	
TITLE ST NAME DORELUS, WILFRID STREET ADDRESS 2330 NORTHWEST 180TH TERRACE CITY-ST-ZIP CAROL CITY, FL 33056	
TITLE TD NAME LOUIDOR, FRANCOIS STREET ADDRESS 2330 NORTHWEST 180TH TERRACE CITY-ST-ZIP CAROL CITY, FL 33056	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000367408 05/17/05-80001-007 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 C. Pean* **04/30/05** **954-588-6644**