2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000015541

Entity Name
 ATTENTION DEFICIT, INC.



04-04-2005 90075 002 ***150.00

Apr 04, 2005 8:00 am Secretary of State

FILED

Principal Place of Business

Mailing Address

3260 UNIVERSITY BLVD SUITE 210 WINTER PARK, FL 32792

3260 UNIVERSITY BLVD SUITE 210 WINTER PARK, FL 32792



DO NOT WRITE IN THIS SPACE

02142005

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3709044

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HEEKIN, JAMES F JR 215 N EOLA DRIVE ORLANDO, FL 32801

DO NOT WRITE IN THIS SPACE

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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_	Signature, typed or printed name of registered agent and title it	applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HEAVENER, JUDSON CHASE 3260 UNIVERSITY BLVD SUITE 210 WINTER PARK, FL 32792				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HEAVENER, CHRIS 3260 UNIVERSITY BLVD SUITE 210 WINTER PARK, FL 32792				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEAVENER, JAMES W 3260 UNIVERSITY BLVD #210 WINTER PARK, FL 32792			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

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 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attacking it with an address, with all other like empowered.

SIGNATURE

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/05

Daytime Phone #