


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000018889
1. Entity Name
ADDAMA, INC.



Principal Place of Business
1131 MACK BAYOU RD.
STE.#H
SANTA ROSA BEACH, FL 32459

Mailing Address
1131 MACK BAYOU RD.
STE.#H
SANTA ROSA BEACH, FL 32459

DO NOT WRITE IN THIS SPACE



04192007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3698273 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
NEWSOME, DUKE A
137 N. MYRTLE DR., #216
SEAGROVE BEACH, FL 32459

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NEWSOME, DUKE A
STREET ADDRESS	137 N. MYRTLE DR., #216
CITY-ST-ZIP	SEAGROVE BEACH, FL 32459
TITLE	VS
NAME	NEWSOME, ARLENE D
STREET ADDRESS	137 N. MYRTLE DR., #216
CITY-ST-ZIP	SEAGROVE BEACH, FL 32459
TITLE	T
NAME	BURNS, MARLA
STREET ADDRESS	210 N. WALTON LAKESHORE DR.
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000723591
05/02/07-80076-022 158.75

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 607, 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: Duke A Newsome 04/19/07 8506225262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #