

**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



04192007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000723591  
05/02/07-80076-022 158.75

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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 #