


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90423 002 ***150.00

DOCUMENT # P01000028007	
1. Entity Name 8505 ADAMO, INC.	

Principal Place of Business 105 U.S. HIGHWAY 301 SOUTH UNITE Suite 110 TAMPA, FL 33619	Mailing Address 105 U.S. HIGHWAY 301 SOUTH UNITE Suite 110 TAMPA, FL 33619
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DO NOT WRITE IN THIS SPACE



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3723603	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

HARROW, ANDREW M
 105 U.S. HIGHWAY 301 SOUTH
~~UNITE~~ Suite 110
 TAMPA, FL 33619

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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: *Andrew Harrow* DATE: 4/7/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE D	HARROW, ANDREW M 105 U.S. HIGHWAY 301 SOUTH UNITE Suite 110 TAMPA, FL 33619
TITLE VP	HARROW, SUSAN 105 U.S. HIGHWAY 301 SOUTH SUITE Suite 110 TAMPA, FL 33619
TITLE NAME	
TITLE NAME	
TITLE NAME	
TITLE NAME	

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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: *[Signature]* DATE: 4-7-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #