


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 08:00 A
Secretary of State

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



Principal Place of Business Mailing Address
 105 U.S. HIGHWAY 301 SOUTH 105 U.S. HIGHWAY 301 SOUTH
 STE 110 STE 110
 TAMPA, FL 33619 TAMPA, FL 33619

DO NOT WRITE IN THIS SPACE



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 59-3723603 Not Applicable

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

6. Name and Address of Current Registered Agent
 HARROW, ANDREW M
 105 U.S. HIGHWAY 301 SOUTH
 STE 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 _____
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, 2008 Fee will be \$550.00

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


00000033125 DATE
 04/23/08-80053-010 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------------|
| TITLE | D |
| NAME | HARROW, ANDREW M |
| STREET ADDRESS | 105 US HWY 301 S STE 110 |
| CITY-ST-ZIP | TAMPA, FL 33619 |
| TITLE | VP |
| NAME | HARROW, SUSAN |
| STREET ADDRESS | 105 US HWY 301 S STE 110 |
| CITY-ST-ZIP | TAMPA, FL 33619 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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:  Susan Harrow 4-10-08 8136210045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #