# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 02, 2007**
**Secretary of State**

DOCUMENT# P01000071674

**Entity Name:** ADS RESPONSECORP, INC.

**Current Principal Place of Business:**

6535 NOVA DRIVE
110
DAVIE, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

6535 NOVA DRIVE
110
DAVIE, FL 33317

**New Mailing Address:**

**FEI Number: 65-1123516** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CASEY, MIKE
400 SE 12 STREET., BLDG #E
FORT LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: DOLAMORE, PHILLIP
Address: 6535 NOVA DR, 110
City-St-Zip: DAVIE, FL 33317

Title: TD ( ) Delete
Name: BALDWIN, BYRON
Address: 6535 NOVA DR, 110
City-St-Zip: DAVIE, FL 33317

Title: SD ( ) Delete
Name: COLLUM, RICK
Address: 1301 SW 67 AVE
City-St-Zip: PLANTATION, FL 33317

Title: D ( ) Delete
Name: HIRSCHMAN, DAVID
Address: 2660 CASTILLA ISLE
City-St-Zip: FORT LAUDERDALE, FL 33301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: M AUSTIN FORMAN D 05/02/2007

Electronic Signature of Signing Officer or Director Date