2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Feb 24, 2006 8:00 am **Secretary of State** DOCUMENT # P01000098103 02-24-2006 90005 049 ***150.00 1. Entity Name ADM PROPERTIES, INC. Principal Place of Business Mailing Address 4UU+ 1839 S LANE AVE 1839 S LANE AVE JACKSONVILLE, FL 32210 JACKSONVILLE, FL 32210 No Chg-P 01182006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3752126 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required TIMOTHY P KELLY, P.A. DO NOT WRITE 1016 LASALLE ST JACKSONVILLE, FL 32207 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5:00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE **PVST** CHAPPELL, DAVID L JR NAME STREET ADDRESS 1839 S LANE AVE CITY-ST-ZIP JACKSONVILLE, FL 32210 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS 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

ental 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 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

2/15/06

FILED