


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 30, 2007 8:00 am
Secretary of State

05-30-2007 90005 050 ***158.75

DOCUMENT # P02000010970 1. Entity Name ADEL CONSULTING, INC.	
---	---

Principal Place of Business 5022 DEVON PARK DR. TAMPA, FL 33647	Mailing Address 5022 DEVON PARK DR. TAMPA, FL 33647
---	---

DO NOT WRITE IN THIS SPACE

401--



05172007 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3628586	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent ALLI, ADELEKE 5022 DEVON PARK DR. TAMPA, FL 33647
--

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
---	--	------------

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	---	------------------------------------	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALLI, ADELEKE 5022 DEVON PARK DR. TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE 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:  ADELEKE ALLI 5/22/07 813-341-1555	Date	Daytime Phone #
--	------	-----------------