2008 FOR PROFIT CORPORATION ANNUAL REPORT

May 05, 2008 08:00 AN Secretary of State DOCUMENT # P02000034785 THE ADAM INVESTMENT GROUP, CORP. Principal Place of Business Mailing Address 2000 TOWERSIDE TERRACE #510 2000 TOWERSIDE TERRACE #510 MIAMI, FL 33138 MIAMI, FL 33138 04162008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 30-0089862 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MIRANDA, ANNA DENISE DO NOT WRITE 2000 TOWERSIDE TERRACE #510 MIAMI, FL 33138 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. Lam 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 reinstaking) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME MIRANDA, ANNA DENISE 2000 TOWERSIDE TERRACE #510 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33138 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRIT CITY-ST-ZIP TITLE IN THIS SPAC NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with the Hilling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 truetee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 is changed, or on an attachment with an adverse, with plother like empowered.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED