2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004
Secretary of State

DOCUMENT# P02000037800

Entity Name: ADL INVESTMENTS, INC.

Current Principal Place of Business:

16610 SW 52ND PLACE
SOUTHWEST RANCHES, FL 33331

New Principal Place of Business:

4900 SW 179TH PLACE
OCALA, FL 34473

Current Mailing Address:

16610 SW 52ND PLACE
SOUTHWEST RANCHES, FL 33331

New Mailing Address:

4900 SW 179TH PLACE
OCALA, FL 34473

FEI Number: 01-0677021 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEWIS, JOANNE
16610 SW 52ND PLACE
SOUTHWEST RANCHES, FL 33331

Name and Address of New Registered Agent:

LEWIS, JOANNE
4900 SW 179TH PLACE
OCALA, FL 34473

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: JOANNE LEWIS 04/21/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LEWIS, JOANNE
Address: 16610 SW 52ND PLACE
City-St-Zip: SOUTHWEST RANCHES, FL 33331

Title: STD ( ) Delete
Name: LEWIS, ANSEL
Address: 16610 SW 52ND PLACE
City-St-Zip: SOUTHWEST RANCHES, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LEWIS, JOANNE
Address: 4900 SW 179TH PLACE
City-St-Zip: OCALA, FL 34473

Title: STD (X) Change ( ) Addition
Name: LEWIS, ANSEL
Address: 49OO SW 179TH PLACE
City-St-Zip: OCALA, FL 34473

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOANNE LEWIS PD 04/21/2004
Electronic Signature of Signing Officer or Director Date