## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000060778

Entity Name: AFFORDABLE DOCUMENT PREPARATION CENTER INC.

FILED Apr 05, 2006 Secretary of State

| Littly Na   | IIIe. AFFORD  | ABLE DOCUMENT FREFARA            | ATION CENTER, INC.                          |   |  |
|---|---|----------------------------------|---|---|--|
| Current Principal Place of Business:                                |   |                                  | New Principal Place                         | New Principal Place of Business:                                  |  |
| 1794 WESTERN HILLS LANE<br>MASCOTTE, FL 34753                       |   |                                  |   | 1145 STRATTON AVENUE<br>GROVELAND, FL 34736                       |  |
| Current M   | lailing Addres  | s:                               | New Mailing Addres                          | New Mailing Address:  |  |
| P. O. BOX<br>MASCOTT  | .96<br>ΓE, FL 34753                                     |                                  |   |   |  |
| FEI Number  | : 04-3704325  | FEI Number Applied For()         | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )                                 |  |
| Name and Address of Current Registered Agent:                       |   |                                  | Name and Address of                         | Name and Address of New Registered Agent:                         |  |
| SMITH, CLIFFORD<br>1794 WESTERN HILLS LANE<br>MASCOTTE, FL 34753 US |   |                                  |   | SMITH, CLIFFORD<br>1145 STRATTON AVENUE<br>GROVELAND, FL 34736 US |  |
|   | e named entity :<br>e of Florida.                       | submits this statement for the p | ourpose of changing its registere           | d office or registered agent, or both,                            |  |
| SIGNATURE: CLIFFORD SMITH   |   |                                  |   | 04/05/2006  |  |
|   | Electror  | ic Signature of Registered Ag    | ent   | Date  |  |
| Election Car  | mpaign Financin   | g Trust Fund Contribution ( ).   |   |   |  |
| OFFICERS AND DIRECTORS:   |   |                                  | ADDITIONS/CHANG                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:                      |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                         | P ( )<br>SMITH, VICKI L<br>P. O. BOX 96<br>MASCOTTE, FI |                                  | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition   |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                         | VP ( )<br>SMITH, CLIFFO<br>P.O. BOX 96<br>MASCOTTE, FI  |                                  | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition   |  |

I hereby certify that the information supplied with this filing does not qualify for the 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: VICKI L. SMITH P 04/05/2006