2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DÓCUMENT # P02000065666

1. Entity Name

AMERICAN DETECTION CANINE ASSOCIATION, INC.



FILED Apr 07, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

690 META LN

NEW SMYRNA BCH, FL 32168

690 META LN

NEW SMYRNA BCH, FL 32168



04012006

No Chg-P

CR2E034 (11/05)

FEI Number
 41-2096893

Applied For Not Applicat

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HEISER, WILLIAM W 690 META LN NEW SMYRNA BCH, FL 32168

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NEW SMYRNA BCH, FL 32108			IN THIS SPACE		
	named entity submits this statement for the plans of registered agent.	Jurpose of changing its registere	d affice or r	egistered agent, or b	ooth, in the State of Florida. I am familiar with, and acc
SIGNATURE	Signature, typed or printed name of registered agent and file	d applicable. (NOTE: Registered	Agent signature	s required when reinstalling)	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	gnig	\$5.00 May Be Added to Fees	
TITCE NAME STREET AODRESS CITY-ST-ZIP	OFFICERS AND DIRECT PVST HEISER, WILLIAM W 690 META LN NEW SMYRNA BCH, FL 32168				100000495978
TITLE NAME STREET ADDRESS CITY-ST-ZIP					เครียงขอะชีย์บริยาบุรี 150.00
TIPLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-S1-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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 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 oathy hat 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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE(

CITY-ST-ZIP

4/4/06

386-451-095