

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90074 028 \*\*\*150.00

<b>DOCUMENT # P02000067526</b>					
<b>1. Entity Name</b> AD-CORPUS OF AMERICA CORP.					
<b>Principal Place of Business</b> 8615 COMMODITY CIRCLE 07 ORLANDO, FL 32819			<b>Mailing Address</b> 8615 COMMODITY CIRCLE 07 ORLANDO, FL 32819		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 02-0629740	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
VELOSO NETO, RAIMUNDO D 8628 ST. MARINO BLVD. ORLANDO, FL 32836			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE: 				DATE: 3-15-08	
(NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> D	<b>NAME</b> VELOSO, RAIMUNDO S		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 11415 N. CAMDEN COMMONS DR	<b>CITY-ST-ZIP</b> WINDERMERE, FL 34786		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> VP	<b>NAME</b> VELOSO, ALZIRA M		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 11415 CAMDEN COMMONS DR	<b>CITY-ST-ZIP</b> WINDERMERE, FL 34786		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> T	<b>NAME</b> VELOSO, DANIELE		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 8628 ST. MARINO BLVD	<b>CITY-ST-ZIP</b> ORLANDO, FL 32836		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> S	<b>NAME</b> VELOSO, DANIELE		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 8628 ST. MARINO BLVD	<b>CITY-ST-ZIP</b> ORLANDO, FL 32836		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> P	<b>NAME</b> VELOSO NETO, RAIMUNDO D		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 8628 ST. MARINO BLVD	<b>CITY-ST-ZIP</b> ORLANDO, FL 32836		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
SIGNATURE: 				DATE: 3-15-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DAYTIME PHONE # 321-206-5262	