

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000123684

Entity Name: ADE ENTERPRISES, INC.

FILED
Jun 09, 2006
Secretary of State

Current Principal Place of Business:

4113 NW 14TH ST.
CAPE CORAL, FL 33993

New Principal Place of Business:

Current Mailing Address:

4113 NW 14TH ST.
CAPE CORAL, FL 33993

New Mailing Address:

FEI Number: 38-3665380

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ERIC, GRAHAM S
4113 NW 14TH STREET
CAPE CORAL, FL 33993 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GRAHAM, ERIC S
Address: 4113 NW 14TH STREET
City-St-Zip: CAPE CORAL, FL 33993

Title: TR () Delete
Name: GRAHAM, ERIC S
Address: 4113 NW 14TH ST.
City-St-Zip: CAPE CORAL, FL 33993

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: GRAHAM, DANNY R
Address: 4113 NW 14TH ST
City-St-Zip: CAPE CORAL, FL 33993

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: ERIC S GRAHAM

P

06/09/2006

Electronic Signature of Signing Officer or Director

Date