


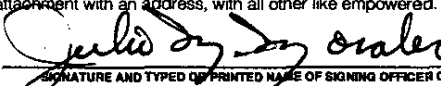


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90053 031 ***150.00

DOCUMENT # P02000127495					
1. Entity Name AD ONE PROMOTIONAL SOLUTIONS, INC.					
Principal Place of Business 303 MADEIRA AVENUE ORLANDO, FL 32825			Mailing Address 303 MADEIRA AVENUE ORLANDO, FL 32825		
2. Principal Place of Business 14006 ISLAMORADA DR.		3. Mailing Address 14006 ISLAMORADA DR.		 03122004 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc. ORLANDO, FL.		Suite, Apt. #, etc. ORLANDO, FL.			
City & State		City & State			
Zip 32837	Country ORANGE	Zip 32837	Country ORANGE	4. FEI Number 55-0807797	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent MORALES, JULIO M. 303 MADEIRA AVENUE ORLANDO, FL 32825			7. Name and Address of New Registered Agent Name JULIO M. MORALES Street Address (P.O. Box Number is Not Acceptable) 14006 ISLAMORADA DR. City ORLANDO FL Zip Code 32837		
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. SIGNATURE  3-16-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MORALES, JULIO M 303 MADEIRA AVENUE ORLANDO, FL 32825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Julio M. MORALES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14006 ISLAMORADA DR. ORLANDO, FL. 32837		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MORALES, RUTH N 303 MADEIRA AVENUE ORLANDO, FL 32825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Ruth N. MORALES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14006 ISLAMORADA DR. ORLANDO, FL. 32837		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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.					
SIGNATURE: 		Julio M. MORALES 3-16-04 407-888-4628 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			