

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000066436

Entity Name: ADRIANIC RESOURCES INC.

FILED
Apr 07, 2005
Secretary of State

Current Principal Place of Business:

4251 SALZEDO
503E
CORAL GABLES, FL 33146 US

Current Mailing Address:

PO BOX 491063
KEY BISCAYNE, FL 33149 US

New Principal Place of Business:

7601 E TREASURE DRIVE
2409
NORTH BAY VILLAGE, FL 33141 US

New Mailing Address:

7601 E TREASURE DRIVE
2409
NORTH BAY VILLAGE, FL 33141 US

FEI Number: 90-0088377 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOETZ, CHRISTOPHER E
4251 SALZEDO
UNIT 503E
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

GOETZ, CHRISTOPHER E
7601 E TREASURE DRIVE
2409
NORTH BAY VILLAGE, FL 33141 US

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

04/07/2005

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: GOETZ, CHRISTOPHER E
Address: 200 OCEAN LANE DRIVE, UNIT 707
City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: VP () Delete
Name: GOETZ, CAROL L
Address: 200 OCEAN LANE DRIVE, UNIT 707
City-St-Zip: KEY BISCAYNE, FL 33149 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: GOETZ, CHRISTOPHER E
Address: 7601 E TREASURE DRIVE
City-St-Zip: NORTH BAY VILLAGE, FL 33141 US

Title: VP (X) Change () Addition
Name: GOETZ, CAROL L
Address: 7601 E TREASURE DRIVE
City-St-Zip: NORTH BAY VILLAGE, FL 33141 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHRISTOPHER E GOETZ

Electronic Signature of Signing Officer or Director

PRES

04/07/2005

Date