

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000109127

FILED
May 09, 2005
Secretary of State

Entity Name: ADAMS FINANCIAL GROUP INC.

Current Principal Place of Business:

1514 S ALEXANDER STREET
SUITE 105
PLANT CITY, FL 33563

New Principal Place of Business:

Current Mailing Address:

1514 S ALEXANDER STREET
SUITE 105
PLANT CITY, FL 33563

New Mailing Address:

FEI Number: 83-0372838

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, ROBERT DOUGLAS
505 N FRANKLIN ST
PLANT CITY, FL 33563 US

Name and Address of New Registered Agent:

ADAMS, ROBERT D
505 N FRANKLIN ST
PLANT CITY, FL 33563 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: ROBERT D ADAMS

05/09/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ADAMS, ROBERT DOUGLAS
Address: 505 N FRANKLIN ST
City-St-Zip: PLANT CITY, FL 33563

Title: D () Delete
Name: ADAMS, NICOLE
Address: 505 N FRANKLIN ST
City-St-Zip: PLANT CITY, FL 33563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ADAMS, ROBERT D
Address: 505 N FRANKLIN ST
City-St-Zip: PLANT CITY, FL 33563

Title: D (X) Change () Addition
Name: ADAMS, NICOLE B
Address: 505 N FRANKLIN ST
City-St-Zip: PLANT CITY, FL 33563

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: ROBERT D ADAMS

OFFI

05/09/2005

Electronic Signature of Signing Officer or Director

Date