


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 14, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P03000133531</b>	
1. Entity Name <b>ADE SERVICES, INC.</b>	

Principal Place of Business <b>808 PALMETTO AVE LEHIGH ACRES, FL 33936</b>	Mailing Address <b>808 PALMETTO AVE LEHIGH ACRES, FL 33936</b>
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**DO NOT WRITE IN THIS SPACE**



05102007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>30-0216053</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**PHILLIPS, JOHN W PRESIDE  
808 PALMETTO AVE  
LEHIGH ACRES, FL 33936**

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IN THIS SPACE**

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 Carol M Phillips Sec/Treas DATE 5/9/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000764168 05/30/07-80047-003 550.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES PHILLIPS, JOHN W 808 PALMETTO AVE LEHIGH ACRES, FL 33936</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/T PHILLIPS, CAROL M 808 PALMETTO AVE LEHIGH ACRES, FL 33936</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE: Carol M Phillips Sec/Treas DATE 5/9/07 DAYTIME PHONE # 239-229-3321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR