2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# P03000148422

Entity Name: A.D.M. DESIGN, INC.

Current Principal Place of Business:

RT 9, BOX 1846
LAKE CITY, FL 32024

New Principal Place of Business:

362 SW FOXBORO PL
LAKE CITY, FL 32024

Current Mailing Address:

RT 9, BOX 1846
LAKE CITY, FL 32024

New Mailing Address:

362 SW FOXBORO PL
LAKE CITY, FL 32024

FEI Number: 81-0639952 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOTES, A. DELL
RT 9, BOX 1846
LAKE CITY, FL 32024

Name and Address of New Registered Agent:

MOTES, A. DELL
362 SW FOXBORO PL
LAKE CITY, FL 32024

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: 04/29/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MOTES, A. DELL
Address: RT 9, BOX 1846
City-St-Zip: LAKE CITY, FL 32024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MOTES, A. DELL
Address: 362 SW FOXBORO PL
City-St-Zip: LAKE CITY, FL 32024

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: AUBREY DELL MOTES PRES 04/29/2004
Electronic Signature of Signing Officer or Director — Date