2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000158323 1. Entity Name 3001 AD, INC.							05	FILE JUN 24	D PH 3	2: 27	
Principal Place of Business Mailing Address 525 SOUTH FLAGLER DR STE 301 525 SOUTH FLAGLER DR STE 3 WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401						() () ()	\$1 1	JUN 24 CRILANAS	SEE, FL	OKIDH	
2. Principal Place of Business 430 S. Congress AVE 430 S. Congress Suite Apt. #, etc. Suite Apt. #, etc.				s Ave		01042005	Chg-P	CR2E034	II/IB H B48 116		
City & State	Beach, FL	City & State Delrau Beach, R				4. FEI Numb	å0 <u>89597</u>			olied For Applicable	
33445	Country	33446	Coun	try		5. Certificate	e of Status Desired	P Fe	3.75 Addi e Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name						
DAVID M. BOVI, P.A. 319 CLEMATIS STREET STE 700 WEST PALM BEACH, FL 33401				Street Address (P.O. Box Number is Not Acceptable)							
				City			··········	FL	Zip Code		
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											
FILE NOWII! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
10.	OFFICERS AND C	DIRECTORS	11.			ADDITIONS	/CHANGES TO OFF	ICERS AND D	IRECTORS	IN 11	
TITLE PO	C ARKER, JIMMY	☐ Delete	TITL					Ç	Z)-Change	Addition	
STREET ADDRESS 93	3 VIITEGE BLVD # 905-398 EST PALM BEACH, FL 33409		STRE		93	I Villag	6Blvd #				
ITTLE V	ADRACH, ROBERT	☐ Delete	TITL	_				,	(1) Change	Addition	
STREET ADDRESS 20	2014 GARNER STATION BLVD STRE			ET ADDRESS -ST-ZIP	931 UX	VillaGe StPAlm	Blud #90 Beach, FZ	6-398 . 3340	9		
TITLE		☐ Delete	TITL						Change	☐ Addition	
NAME Street address City-St-Zip			STRE	ET ADDRESS -ST-ZIP							
TITLE		☐ Delete	III			8	1000565 27/0501042	575 :	Change	☐ Addition	
STREET ADDRESS			NAM	ET ADDRESS		06/2	27/0501042	2021	**1172	2.50	
CITY-ST-ZIP			CITY	-ST-ZIP							
TITLE		☐ Delete	TITU] Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STRE	ET ADDRESS - S1-ZIP							
TITLE		☐ Delete	ш						Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP				et address -st-zip							
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 receive of 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 attention of the corporation of the receive of 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 attention of the corporation of the receive of trustees.											
SIGNATURE: SIGNATURE: DIPED OR PRINTED MANE OF SIGNANG OFFICER OR DIPECTOR DIPETOR DIPETOR PHONE PHONE OF SIGNANG OFFICER OR DIPETOR											