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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

50055138

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000007945

1. Entity Name
DAVID ADKINS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
11803 MARBLEHEAD DR TAMPA, FL 33626	11803 MARBLEHEAD DR TAMPA, FL 33626

06222005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
5130 Eisenhower Blvd.	5130 Eisenhower Blvd.
Suite, Apt. #, etc.: #100	Suite, Apt. #, etc.: #100
City & State: Tampa, FL.	City & State: Tampa, FL.
Zip: 33634 Country: USA	Zip: 33634 Country: USA

4. FEI Number: 800091590 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANDERS, WALTER
3355 BEARSS AVE
TAMPA, FL 33618

7. Name and Address of New Registered Agent

Name: Mary Ann Adkins
Street Address (P.O. Box Number is Not Acceptable): 11803 Marblehead Dr.
City: Tampa FL Zip Code: 33626

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: M. Adkins M Adkins 6-23-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

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

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADKINS, DAVID 11803 MARBLEHEAD DR TAMPA, FL 33626	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Adkins, David 5130 Eisenhower Blvd Suite #100 Tampa, Fl. 33634	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S S Adkins, Mary ann 5130 Eisenhower Blvd. #100 Tampa, Fl 33634	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 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: M. Adkins M Adkins 6-23-05 813-855-0094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #