

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90032 031 \*\*\*150.00

40025100



02162008 Chg-P CR2E034 (12/06)

DOCUMENT # P04000011196						
1. Entity Name ADIRONDACK SCREENING, INC.						
Principal Place of Business 5475 SW ST JAMES DR, STE 141 PORT SAINT LUCIE, FL 34983		Mailing Address 5475 SW ST JAMES DR, STE 141 PORT SAINT LUCIE, FL 34983				
2. Principal Place of Business - No P.O. Box # <b>1298 A2 SW BILTMORE ST.</b>		3. Mailing Address <b>1298 A2 SW BILTMORE ST</b>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State <b>PORT SAINT LUCIE, FL</b>		City & State <b>PORT SAINT LUCIE, FL</b>		4. FEI Number 54-2142070		
Applied For <input type="checkbox"/>		Not Applicable				
Zip <b>34983</b>		Country <b>UNITED STATES</b>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Zip <b>34983</b>		Country <b>UNITED STATES</b>				
6. Name and Address of Current Registered Agent MARCOTTE, PAUL T 5475 SW ST JAMES DR, STE 141 PORT SAINT LUCIE, FL 34983			7. Name and Address of New Registered Agent Name <b>MARCOTTE, PAUL T.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1298 A2 SW BILTMORE ST</b> City <b>PORT SAINT LUCIE</b> FL Zip Code <b>34983</b>			
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 <b>PAUL T MARCOTTE PRES</b> DATE <b>2-18-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE P	MARCOTTE, PAUL T 5475 SW ST JAMES DR, STE 141 PORT SAINT LUCIE, FL 34983		<input type="checkbox"/> Delete	TITLE P.T. D	MARCOTTE PAUL T 1298 A2 SW BILTMORE ST PORT SAINT LUCIE, FL 34983	
TITLE VP	MARTZ, KEVIN L 7934 STEEPLECHASE COURT PORT ST LUCIE, FL 34986		<input checked="" type="checkbox"/> Delete	TITLE NAME		
TITLE TD	MARTZ, TAMARA G 7934 STEEPLECHASE COURT PORT ST LUCIE, FL 34986		<input checked="" type="checkbox"/> Delete	TITLE NAME		
TITLE SC	ROSS, RICHARD J 257 SW CHERRYHILL RD PORT ST LUCIE, FL 34953		<input type="checkbox"/> Delete	TITLE NAME	V.S. ROSS, RICHARD J 1782 SW BRISBANE ST PORT SAINT LUCIE, FL 34984	
TITLE NAME			<input type="checkbox"/> Delete	TITLE NAME		
TITLE NAME			<input type="checkbox"/> Delete	TITLE NAME		
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:		<b>PAUL T MARCOTTE PRES</b>		DATE <b>2-18-08</b> DAYTIME PHONE # <b>772 340-2270</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>		