2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State
04-25-2005 90287 022 ***150.00

DOCUMENT # P04000012303

1. Entity Name
ADVANCED DISTRIBUTION INDUSTRIES INC.

Principal Place of Business	Mailing Address
7004 E BRAODWAY AVE SUITE 205 TAMPA, FL 33619	7004 E BRAODWAY AVE SUITE 205 TAMPA, FL 33619

04202005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4786 Distribution Dr Suite, Apt. #, etc.	16528 N. Dale Mabry Hwy Suite, Apt. #, etc.
City & State: Tampa, Fl	City & State: Tampa, Fl
Zip: 33605 Country: US	Zip: 33618 Country: US

4. FEI Number: 20-06 19363 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	Name: Sanders, Walter Street Address (P.O. Box Number is Not Acceptable) 16528 N. Dale Mabry Hwy City: Tampa FL Zip Code: 33618

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 the registered agent.

SIGNATURE: Walter Sanders Walter Sanders 4/21/05
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
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LAING, MEL 7004 E BRAODWAY AVE SUITE 205 TAMPA, FL 33619	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Laing, Mel 4786 Distribution Dr Tampa, Fl 33605	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD RATKOVICH, PAUL 7004 E BRAODWAY AVE SUITE 205 TAMPA, FL 33619	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD Ratkovich, Paul 4786 Distribution Dr Tampa, Fl 33605	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LAING, EVIE 7004 E BRAODWAY AVE SUITE 205 TAMPA, FL 33619	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Laing, Evie 4786 Distribution Dr Tampa, Fl 33605	☒ 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: Mel Laing Mel Laing 4/21/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #