



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000047402			
1. Entity Name ANALOG & DIGITAL SOLUTIONS, INC.			
Principal Place of Business 9512 SHORT LEAF CT. APOPKA, FL 32703		Mailing Address 9512 SHORT LEAF CT. APOPKA, FL 32703	
DO NOT WRITE IN THIS SPACE			
			 03072006 No Chg-P CRZE034 (11/05)
		4. FEI Number 20-0913641	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRIFFIN, WILLIAM C 9512 SHORT LEAF CT. APOPKA, FL 32703		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when retesting)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000468881 03/25/06-80006-024 150.00	
TITLE	P		
NAME	GRIFFIN, WILLIAM C		
STREET ADDRESS	9512 SHORT LEAF CT.		
CITY-ST-ZIP	APOPKA, FL 32703		
TITLE			
NAME			
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TITLE			
NAME			
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CITY-ST-ZIP			
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: <i>William C Griffin</i>		3-13-06 407-299-1583	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	