

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 11, 2005 8:00 am**  
**Secretary of State**

08-11-2005 90004 009 \*\*\*150.00

**50061087**



07132005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P04000061795</b> 1. Entity Name <b>A &amp; D REAL ESTATE PROBLEM SOLVERS, INC.</b>					
Principal Place of Business <b>31790 US HWY 19 N #114 PALM HARBOR, FL 34684</b>			Mailing Address <b>31790 US HWY 19 N #114 PALM HARBOR, FL 34684</b>		
2. Principal Place of Business <b>3210 Audubon Ct</b> Suite, Apt. #, etc.		3. Mailing Address <b>3210 Audubon Ct</b> Suite, Apt. #, etc.			
City & State <b>Tarpon Springs, FL</b> Zip Country <b>34688 Pinellas</b>		City & State <b>Tarpon Springs FL</b> Zip Country <b>34688 Pinellas</b>		4. FEI Number <b>90-0179899</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>DEVINE, JAMIE 31790 US HWY 19 N #114 PALM HARBOR, FL 34684</b>			7. Name and Address of New Registered Agent Name <b>Same</b> Street Address (P.O. Box Number is Not Acceptable) <b>3210 Audubon Ct</b> City <b>Tarpon Springs</b> <b>FL</b> Zip Code <b>34688</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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DEVINE, JAMIE</b> <input type="checkbox"/> Delete <b>31790 US HWY 19 N #114</b> <b>PALM HARBOR, FL 34684</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>3210 Audubon Ct</b> <b>Tarpon Springs FL 34688</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input type="checkbox"/> Delete <b>ALLEN, AARON</b> <b>31790 US HWY 19 N #114</b> <b>PALM HARBOR, FL 34684</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>3210 Audubon Ct</b> <b>Tarpon Springs FL 34688</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE: <u>Jamie Devine</u> <u>Jamie Devine</u> 8.4.05 352.263.3018</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					