## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000074534

Entity Name: EL-AD CORP.

City-St-Zip:

FILED Apr 25, 2008 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
1301 INTE SUITE 200 SUNRISE,		PARKWAY				
Current Mailing Address:			New Maili	New Mailing Address:		
1301 INTE SUITE 200 SUNRISE,		PARKWAY				
FEI Number:	20-1104312	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
2731 EXEC SUITE 4	VICES, INC. CUTIVE PARK FL 33331 U					
	named entity e of Florida.	submits this statement for the p	ourpose of changing i	ts registered	d office or registered agent, or both,	
SIGNATUR	RE:					
	Electro	nic Signature of Registered Age	ent		Date	
Election Car	npaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	DANIELL, ORL 575 MADISON NEW YORK, N	AVE; 22ND FL Y 10022	Title: Name: Address: City-St-Zip:	DANIELL, OF 575 MADISO NEW YORK,	N AVE; 22ND FL NY 10022	
Title: Name: Address: City-St-Zip:	MISHAL, SHAC	TIONAL PKWY; STE 200	Title: Name: Address: City-St-Zip:	MANOR, JOS	NATIONAL PKWY; STE 200	
Title: Name: Address: City-St-Zip:	ST ( ARBIT, SHEAR 575 MADISON NEW YORK, N	AVE; 22ND FL	Title: Name: Address: City-St-Zip:	MOHAR, ARA	NATIONAL PKWY, SUITE 200	
Title: Name: Address:	(	) Delete	Title: Name: Address:	ROWELL, RO	()Change(X)Addition OBERT K )MOUNTAIN ROAD	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

TOWNSHEND, VT 05353

SIGNATURE: JOSEPH MANOR P 04/25/2008