


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90016 034 ***158.75

DOCUMENT # P04000151131					
1. Entity Name ADAMS & GEIER INC.					
Principal Place of Business 2080 S OCEAN DR STE 711 HALLANDALE BEACH, FL 33009			Mailing Address 2080 S OCEAN DR STE 711 HALLANDALE BEACH, FL 33009		
2. Principal Place of Business 1850 South Ocean Drive Suite, Apt. #, etc. 2801 City & State Hallandale Beach, FL Zip 33009 Country USA		3. Mailing Address 1850 S. Ocean Drive Suite, Apt. #, etc. 2801 City & State Hallandale Beach, FL Zip 33009 Country USA			
4. FEI Number 54-2162293				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent Name: Tiffany Adams Street Address (P.O. Box Number is Not Acceptable): 1850 South Ocean Drive Suite #2801 City: Hallandale Beach FL Zip Code: 33009		
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: <u>Tiffany Beth Adams</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST ADAMS, TIFFANY B 2080 S OCEAN DR STE 711 HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Tiffany Beth Adams</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>3/28/06</u>			

954-592-3525