



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90196 026 ***150.00

DOCUMENT # P04000172119 1. Entity Name ADD FINANCIAL SERVICES INC.					
Principal Place of Business 333 S TAMiami TRAIL SUITE 295 VENICE, FL 34285			Mailing Address 333 S TAMiami TRAIL SUITE 295 VENICE, FL 34285		
2. Principal Place of Business 312 E Venice Ave Suite, Apt. #, etc. Suite 107 City & State Venice, FL Zip 34285 Country sarasota		3. Mailing Address 312 E Venice Ave Suite, Apt. #, etc. Suite 107 City & State Venice, FL Zip 34285 Country sarasota			
4. FEI Number 11-3737541		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04082006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent DONETS, DINA V 1431 NORA LN NORTH PORT, FL 34286			7. Name and Address of New Registered Agent Name Dina Donets Street Address (P.O. Box Number is Not Acceptable) 11339 Dancing River Drive City Venice FL Zip Code 34292		
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><i>Dina Donets</i></u> president 4-17-06 <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	P DONETS, DINA V 1431 NORA LN NORTH PORT, FL 34286	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11339 Dancing River Dr Venice, FL 34292	<input checked="" 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><i>Dina Donets</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-17-06 <small>Daytime Phone #</small>		

Dina Donets