

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-06-2006 90009 030 ***150.00

DOCUMENT # P05000018852
 1. Entity Name
 ADONAI OF NAPLES, INC.



Principal Place of Business
 7846 REGAL HERON CIRCLE
 206
 NAPLES, FL 34104

Mailing Address
 7846 REGAL HERON CIRCLE
 206
 NAPLES, FL 34104

66007607



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02242006 Chg-P CR2E034 (11/05)

City & State

4. FEI Number
 20-2276916

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 INCORPORATE USA, INC.
 3150 SANDY RIDGE DR
 CLEARWATER, FL 33761

7. Name and Address of New Registered Agent
 Name: Jillian Farrington
 Street Address (P.O. Box Number is Not Applicable): 7846 Regal Heron Circle #206
 City: Naples FL Zip Code: 34104

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: DATE: 2/28/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

FILE NOW!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$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,S FARRINGTON, JILLAIN L 7846 REGAL HERON CIRCLE # 206 NAPLES, FL 34104 <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: DATE: 2/28/06 (239) 821-7186

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR