2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000099008

Entity Name: ADWIRED, INC.

City-St-Zip:

PLEASANT VALLEY, NY 12569

FILED Sep 11, 2008 Secretary of State

| • | | , | | | |
|---|----------------------------------|--|---|--|--|
| Current Principal Place of Business: | | | New Principal Place o | New Principal Place of Business: | |
| | MAN STREET ARLOTTE, FL | 33953 | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| | MAN STREET ARLOTTE, FL | 33953 | | | |
| FEI Number: | : 20-4243030 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| 5804 DOR TAMPA, FI | L 33615 U | S | | | |
| | named entity e of Florida. | submits this statement for the | purpose of changing its registered | office or registered agent, or both, | |
| SIGNATUR | RE: | | | | |
| Electronic Signature of Registered Agent | | | ent | Date | |
| | | 93(2)(b), F.S., the corporation did n g Trust Fund Contribution (). | ot receive the prior notice. | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | RAUH, WHITN 106 DORMAN | | Title: (Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | DUNN, KELLY 106 DORMAN | | Title: (Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: | S (MURPHY, MAF 160 OSWEGO | | Title: (Name: Address: | () Change () Addition | |

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:

SIGNATURE: WHITNEY RAUH PRES 09/11/2008