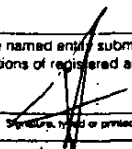
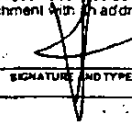


FILED
Jun 12, 2006 8:00 am
Secretary of State

05-01-2006 90367 040 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000132787			
1. Entity Name ADAR GROUP, INC.			
Principal Place of Business 1111 PARK CENTER BLVD. #453 MIAMI, FL 33169 US		Mailing Address 1111 PARK CENTER BLVD. #453 MIAMI, FL 33169 US	
2. Principal Place of Business 1250 E. HALLANDALE BEACH BLVD. SUITE 404 HALLANDALE B, FL 33009 US		3. Mailing Address 1250 E. HALLANDALE BEACH BLVD. SUITE 404 HALLANDALE B, FL 33009 US	
4. FEI Number 20-5007931		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		02102006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent PAUL FELDMAN, P.A. 407 LINCOLN ROAD, SUITE 701 MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent ADAR, AMRAM 1250 E. HALLANDALE BEACH BLVD., SUITE 404 HALLANDALE FL 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  (NOTE: Registered Agent signature required when registering) DATE			
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	D ADAR, AMRAM 1111 PARK CENTER BLVD. #453 MIAMI, FL 33169 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P S ADAR, AMRAM 1250 E HALLANDALE BEACH BLVD, SUITE 404 HALLANDALE, FL 33009 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 507, 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:  (NOTE: Registered Agent signature required when registering) DATE Daytime Phone #			